



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PLAY TO LEARN PLAY TO IMPROVE

## YOUTH BASKETBALL DEVELOPMENTAL LEAGUE

The developmental league is designed for those players looking to develop or wanting to focus on the fundamentals of the game of basketball. Teams are formed by gender, grade, school and area in which they reside. Returning players can join up with previous year's teammates to work on skills and drills. Players are required to play 50% of each game to allow time to showcase their developing skills and teamwork. Jersey will be provided for each member of the team.

### REGISTRATION DATES

September 15 - November 17

#### Late Registration

November 18 - November 24 *\$15 late fee will apply*

### PROGRAM INFORMATION

K - 6th grade students

Season will begin in early January.

### Program Fees

\$60 Y-Members / \$70 Non-Members

Financial Assistance is available to all that qualify.

Applications are available at the Welcome Center or online at [www.ymcasanangelo.org](http://www.ymcasanangelo.org).

Application process takes 7 - 10 business days.

### FMI regarding this program and more

YMCA Youth Sports Department (325) 655-9106

Youth Sports Director, Stacy Duffell

Assistant Directors, Brittney Smith and Quinn Barfield

[www.ymcasanangelo.org](http://www.ymcasanangelo.org)



## Developmental Basketball – Registration Form

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary's E-mail Address: \_\_\_\_\_

(If no email, please put the player's firstname.lastname@saymca.com)

Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Alternate Contact Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

New to the league \_\_\_\_\_ Returning Player \_\_\_\_\_ / Returning team or coach \_\_\_\_\_

**DO YOU WISH TO STAY ON THE SAME TEAM FROM 2017 - 2018? Y or N**

Jersey Size: \_\_\_ YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL

**YMCA Mission:** The San Angelo YMCA will serve the people in the community of all faiths and ages with emphasis on families and youth, to permit them to achieve their God-given potential in spirit, mind, and body through its programs, staff, facilities, and the community.

**WAIVER:** I hereby, for myself and my agents, waive and release any and all rights and claims which I may have, or which may accrue against the YMCA of San Angelo and its respective officers, agents, sponsors, or any employees for any injury which may be suffered in connection with my child's participation in this activity. I hereby acknowledge that this program provides no insurance coverage and my own insurance will be used in case of an accident. By signing below, I am giving my permission for my child's picture to be taken and used for promotional purposes of the YMCA Sports Department.

**PHOTO RELEASE:** Additionally, in consideration for being allowed to participate in YMCA membership and programs, I understand that images, video and film footage is often used by the YMCA of San Angelo for promotional purposes. For my participation in activities to be conducted by YMCA of San Angelo hereby give my permission and consent, now and for all time, to YMCA of San Angelo, The National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of San Angelo to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of San Angelo for publication, display, or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

**REFUNDS:** Full refunds will be issued only upon cancellation of the program. Should a refund be requested prior to the first meeting, a \$5.00 fee will be assessed.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_