

LEARN, PLAY, GROW

LITTLE DRIBBLERS

The Y has designed a program for 3 - 4 year olds who have an interest in learning more about the sport of basketball. This 6 week program will meet once a week and focus on the fundamentals of the game. The league is designed to teach terminology, basic fundamental skills, both individual and team. The instructors will utilize fun, dynamic drills teaching footwork and conditioning.

Registration Dates

September 15 - January 1

Program Information

3 - 4 year olds

Clinic begins January 6 - February 10

League meets on Mondays from 5:15 pm - 6:30 pm

Program Fees

\$45 Y-Members / \$55 Non-Members

Financial Assistance is available to all that qualify. Applications are available at the Welcome Center or online at 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, Brittney Smith

Assistant, Quinn Barfield www.ymcasanangelo.org



Little Dribblers - Registration Form

Name: _____

Age: _____ Grade: _____ D.O.B. _____

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: _____

Shirt 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.

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: _____

Parent's Name Printed: _____