



# SAN ANGELO YMCA 2010 YOUTH FOOTBALL CLINIC

The clinic is designed to teach the fundamentals of offense and defense while having fun in a safe environment. A variety of drills will be used to properly teach players to better their game. First time players will be taught skills that will enable them to perform to the best of their ability in any type of league or play. All teaching is done in a positive and encouraging manner to promote better learning and development. This clinic is intended for all players, NOT JUST YMCA players.

**Participants will be in helmet, shoulder pads and mouth piece for the duration of the camp.**

**FOR:** 3rd—6th grade Boys & Girls

**REGISTRATION:** June 2, - July 26, 2010

**CLINIC DATES:** July 26th - July 30th

## **WHERE:**

Monday: Kids Kingdom Park

Tuesday - Friday: Glenn Jr. High Practice Field

\*\*Times and venue are subject to change

**TIME:** 6:00 - 8:00pm

*If you need equipment please show up Monday between 5pm - 5:45pm @ YMCA gym to get fitted.*

**COST:** Members \$65.00

Non-Members \$75.00

*FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO QUALIFY AND MUST BE SUBMITTED BEFORE JULY 26TH. SEE THE WELCOME CENTER FOR MORE INFORMATION.*

*REFUNDS ARE AVAILABLE IF REQUESTED BEFORE JULY 26TH, 2010.*

**INSTRUCTORS:** Instructors will consist of current and former collegiate players along with YMCA staff persons.

**YMCA MISSION:** The mission of the San Angelo YMCA is to serve the people of 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.

**FMI:** Contact Angel or Cevan at information below

YMCA YOUTH SPORTS  
353 S. Randolph  
San Angelo, TX  
76903

Phone: 325-655-9106  
Fax: 325-659-1952  
E-mail: [aflores@zipnet.us](mailto:aflores@zipnet.us)  
Website: [ymcasanangelo.org](http://ymcasanangelo.org)



**SAN ANGELO YMCA 2010 FOOTBALL CLINIC**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

MOM'S NAME: \_\_\_\_\_ WORK # \_\_\_\_\_

DAD'S NAME: \_\_\_\_\_ WORK # \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I will need to be supplied equipment for the camp Y N (Please circle one)

T-SHIRT SIZE: YM YL AS AM AL AXL AXXL (please circle one)

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

**WAIVER: I HEREBY, FOR MYSELF AND MY AGENTS, WAVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS WHICH HAVE OR MAY ACCURE AGAINST THE YMCA OF SAN ANGELO, AND ITS RESPECTIVE OFFICERS, AGENTS, SPONSORS OR ANY EMPLOYEES, FOR ANY INJURY OR INCIDENTS WHICH MAY BE SUFFERED IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY. I HEREBY ACKNOWLEDGE THAT THIS PROGRAM PROVIDES NO MEDICAL INSURANCE COVERAGE AND MY OWN MEDICAL INSURANCE WILL BE USED IN THE CASE OF AN ACCIDENT.**

Refunds: Refunds are available if requested before July 26<sup>th</sup> 2010. A \$5 service fee will be assessed. No refunds will be issued after July 26<sup>th</sup>.

If Mailed:  
San Angelo YMCA  
353 S. Randolph  
San Angelo, TX

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE