

TAKE YOUR SHOT

BOYS & GIRLS AGES 5 – 14

YOUTH BASKETBALL CLINIC

This preseason basketball clinic will give your child the preparation needed for the regular season. Participants will undergo skill instruction, drills, and games. The clinic is instructed by former collegiate coaches and players.

Registration:

October 1 – November 28, 2022 or until full

Clinic:

November 28 – December 1, 2022

Time:

5:30 pm – 7:30 pm

***TIME & PLACE MAY
DIFFER BASED ON AGE***

Program Fees:

\$50.00 for Y-Members

\$65.00 for Non-Members

Financial Assistance Available!

Contact lriviera@ymcasanangelo.org for more information.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2022 Youth Basketball Clinic Registration Form

Name: _____ D.O.B. _____

Age: _____ Grade: _____ School: _____

Address: _____ Zip: _____

Primary Contact Name: _____

Primary's E-mail Address: _____

(LEAGUE COMMUNICATION AND SCHEDULE ACCESS IS DONE THROUGH PRIMARY EMAIL. PLEASE WRITE LEGIBLY.)

Cell Phone: _____ Cell Phone Carrier: _____

Alternate Contact Name: _____

Alternate Contact Cell: _____ Relation: _____

T-Shirt Size: (Circle One)

Youth				Adult			
X-Small	Small	Medium	Large	Small	Medium	Large	X-Large

Level of experience: ☐ Beginner ☐ Intermediate ☐ Advanced

YMCA Mission: The San Angelo YMCA will serve the people in the community of all faiths and ages with an 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.

REFUNDS: Full refunds will be issued only upon cancellation of the program. Should a refund be requested prior to the first game, a \$10.00 fee will be assessed. Refunds will be not issued should a team be required to forfeit games due to COVID-19 related issues.

Parent's Signature: _____ **Date:** _____

Parent's Name Printed: _____

**Forms may be mailed to:
YMCA Youth Basketball League
353 S. Randolph
San Angelo, TX 76903**