THE BALL IS IN YOUR COURT SAN ANGELO YMCA





October 1 - November 23, 2022

Late Registration:

November 24 - November 30, 2022 (\$15.00 late fee will be applied)

Program Fees:

\$60.00 for Y-Members \$75.00 for Non-Members

FINANCIAL ASSISTANCE IS AVAILABLE.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth Basketball League

This league is designed to give youth of all abilities the opportunity to play in a positive environment while focusing on the progression of skills and competition.

Recreational: (Grades K - 8th)

Teams are formed by gender, grade, school, and area in which the player resides. Players are guaranteed to play at least 50% of each game. Jerseys are provided.

Club: (Grades 4th - 8th)

Teams are formed by the coach. The Y does not create rosters in this division. The coach will make team decisions regarding playing time, game strategy, and more.

FOR CLUB LEAGUE, PLAYERS WILL BE REGISTERING INDIVIDUALLY AND COACHES MUST TURN IN A TEAM ROSTER

2023 Youth Basketball Registration Form

Name:					D.O.B.			
Age:	Grade:	Schoo	ol:				G	ender: M or F
Address:						Zip:		
Primary Cor	ntact Name:							
Primary's E	-mail Address:							
(LEA	GUE COMMUNICAT	TION AND SCHEDU	LE ACCESS I	IS DONE THROU	JGH PRIMARY	EMAIL. PLE	ASE WRIT	E LEGIBLY)
Cell Phone:			C	ell Phone Cari	rier:			
Alternate C	ontact Name:							
Alternate C	ontact Cell:			Relatio	n:			
	ersey Size: `	Youth			Adult			
(Circle One) Division (b	y gender and gi	K-Small Small r ade)	Medium	Large	Small	Medium	Large	X-Large
Recreat	ional (K - 8th gra	ade players)						
coaches will n		arate roster found a	at the front ed on the s	desk or by conta ubmitted roste	acting the spor er turned in by	ts departme	nt along w	ith a volunteer form.
Previous T	eam Informatio	n for Recreatio	nal Leagu	ıe				
	22 Team Name _				oach Name			
Do you wa	nt to return to	the same team?						
Are you int	terested in coa	hing your child:	's team?	Yes or N	No			
God-given potent WAIVER: I hereby respective officer that this program picture to be take REFUNDS: Full ref	n provides no insurance c en and used for promotio	dy through its programs, ts, waive and release any ny employees for any injuoverage, and my own insinal purposes of the YMC upon cancellation of the	, staff, facilitie , and all rights ury which may urance will be u A Sports Depal program. Shou	s, and the communit and claims which I r be suffered in conne used in case of an a rtment. Id a refund be reque	ty. may have, or which ection with my chil ccident. By signing	ı may accrue aga d's participatior ı below, I am giv	ainst the YM(n in this activ ing my permi	CA of San Angelo and its ity. I hereby acknowledge
Parent's Sig	gnature:					Date:	·	
Parent's Na	me Printed:							

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 under go 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 Irivera@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: G	rade:	School:					
Address:			Zip:				
Primary Contact N	lame:						
Primary's E-mail A	Address:						
(LEAGUE CO	MMUNICATION A	ND SCHEDULE ACCESS IS DO	ONE THROUGH PRIMARY EMAIL. F	LEASE WRITE LEGIBLY.)			
Cell Phone:		Cell F	Phone Carrier:				
Alternate Contact	Name:						
Alternate Contact	Cell:		Relation:				
T-Shirt Size:		II Medium Large	Adult Small Medium Larg	e X-Large			
Level of experie	nce:	Beginner	Intermediate	Advanced			
emphasis on famil	ies and youth, t	MCA will serve the peopl o permit them to achieve ies, and the community.	e in the community of all faith their God-given potential in	s and ages with an spirit, mind, and body			
which may accrue for any injury which acknowledge that	against the YMO ch may be suffer this program pr ng below, I am g	CA of San Angelo and its red in connection with m ovides no insurance cov iving my permission for	lease any and all rights and cl respective officers, agents, s y child's participation in this a erage and my own insurance w my child's picture to be taken	ponsors, or any employees activity. I hereby will be used in case of an			
REFUNDS: Full ref the first game, a 9 due to COVID-19	10.00 fee will b	ed only upon cancellatione assessed. Refunds wil	n of the program. Should a re be not issued should a team	fund be requested prior to be required to forfeit games			
Parent's Signatur	e:		Da	te:			
Darent's Name Dri	nted						



Financial Assistance Available!
Contact Irivera@ymcasanangelo.org for more information.

2023 Little Dribblers Registration Form

Name:		D.O.B				
Age: Grade:	School:					
Address:		Zip:				
Primary Contact Name:						
Primary's E-mail Address: (COMMUNICATION AND SCH	EDULE ACCESS IS DONE THROUGH PRI	MARY EMAIL. PLEASE WRITE LEGIBLY.)				
Cell Phone:	Cell Phone Carrier: _					
Alternate Contact Name:						
Alternate Contact Cell:	Relation:					
Player cannot T-Shirt Size: Youth	5:15 pm - 6:00 pm ot be signed up for both sessions. Ple Small Medium Large					
YMCA Mission: The San Angelo YMC families and youth, to permit them to facilities, and the community. WAIVER: I hereby, for myself and maccrue against the YMCA of San Angele and be suffered in connection with no insurance coverage and my own for my child's picture to be taken an REFUNDS: Full refunds will be issued	CA will serve the people in the community of to achieve their God-given potential in spirity y agents, waive and release any and all right gelo and its respective officers, agents, spormy child's participation in this activity. I hereinsurance will be used in case of an accident and used for promotional purposes of the YMO only upon cancellation of the program. Sho	, mind, and body through its programs, staff, is and claims which I may have, or which may assors, or any employees for any injury which eby acknowledge that this program provides to By signing below, I am giving my permission CA Sports Department.				
Parent's Signature:		Date:				
Parent's Name Printed:						

Forms may be mailed to: YMCA Youth Sports Department 353 S. Randolph San Angelo, TX 76903