the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

# LITTLE DRIBBLER'S BASKETBALL

This 6-week program is for young athletes with an interest in basketball. The program will meet on Monday and focus on the fundamentals of basketball with age modification to the game.

**Registration:**
September 16 - January 7, 2025, or until full

**Season:**
Every Tuesday starting January 7, 2025
Session I - 5:15 P.M. - 6:00 P.M. ( 3-4 years)
Session II - 6:15 P.M. - 7:00 P.M. (4 - 5 years)

**Program Fees:**
$50.00 for Y-Members
$65.00 for Non-Members

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

# GET TO THE BALL FIRST

**BOYS & GIRLS AGES 3 - 4**

# 2025 Little Dribblers
# Registration Form

Name: _____ D.O.B. _____

Age: _____ Grade: _____ Gender: M or F School: _____

Address: _____Zip: _____

Primary Contact Name: _____

Primary's E-mail Address: _____

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

Cell Phone: _____ Cell Phone Carrier: _____

Alternate Contact Name: _____

Alternate Contact Cell: _____ Relation: _____

**Session to attend: _____5:15 pm – 6:00 pm (3 – 4 years)**
**_____ 6:15 pm – 7:00 pm (4 – 5 years)**
**Player cannot be signed up for both sessions. Please choose only one.**

**T-Shirt Size:** Youth
(Circle One) X-Small Small Medium Large

YMCA MISSION: The mission of the San Angelo YMCA is to serve the people on the community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God-given potential in mind, body, and spirit, 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 may accrue against the YMCA of San Angelo, and its respective officers, agent, sponsors, or any employees for any injury or illness such as COVID-19 which may be suffered in connection with my child's participation in the program. I hereby acknowledge that the program provides no insurance coverage and my own insurance will be used in the case of an accident. By signing below, I am also giving permission for my child's picture or likeness to be used for promotional purposes of the YMCA Sports Department.
PHOTO RELEASE: Additionally, in consideration of being allowed to participate in YMCA membership and programs, I understand that images, video, and film footage are often used by the YMCA of San Angelo for promotional purposes. For my participation in activities to be conducted by the YMCA of San Angelo hereby give my permission and consent, now and for all time, to the 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, soundtrack 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 $10.00 fee will be assessed.

**Parent's Signature: _____Date: _____**

**Parent's Name Printed: _____**

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