

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