



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DRIBBLE PASS SHOOT

YOUTH BASKETBALL LEAGUE

When at all possible, players are divided according to schools. Players from previous year have the right to stay on the same team with same coach. If a player skips or waives the right to the same team, they will be placed on an appropriate team. **Every Player will be presented with an individual award.**

For: 1st - 6th grade Boys & Girls
Registration: October 1-November 19, 2012
Late Registration: November 20-25, 2012
Season Tip Off: January 12, 2013

Price: Member \$65.00 Non-Member \$85.00
\$15.00 Late Registration Fee

Financial Assistance is Available for those who qualify

Deadline to apply for Financial Assistance is November 16, 2012

Online Registration is available @ www.ymcasanangelo.org





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2013 YOUTH BASKETBALL REGISTRATION

PLAYER'S NAME: _____ BOY: _____ GIRL: _____

ADDRESS: _____ D.O.B: _____

HOME PHONE: _____ SCHOOL: _____ GRADE: _____

EMAIL: _____

MOTHER'S NAME: PHONE #: _____

FATHER'S NAME: PHONE #: _____

(PLEASE CHECK ONE)

_____ NEW TO THE LEAGUE

_____ RETURNING 2012 PLAYER

2012 TEAM NAME: _____

DO YOU WISH TO REMAIN ON THE SAME TEAM FROM 2012? YES / NO

JERSEY SIZE: (PLEASE CIRCLE ONE)

YS YM YL AS AM AL AXL OTHER _____

PHOTO RELEASE: I give permission for my child to be photographed or videotaped participating in the program for YMCA or United Way purposes. No names will be released.

REFUNDS: Full refunds are available only upon cancellation of the program. Should a refund be requested prior to the first team meeting, a \$5 service fee will be accessed. If a refund is requested after uniforms have been ordered, a \$20 fee will be kept to cover expenses. **Refunds will not be processed until season begins.**

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 San Angelo YMCA and it's 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 limited insurance and my own insurance may be used in case of an accident.

PARENT SIGNATURE:

DATE: