



PRE-SEASON BASKETBALL CLINICS

NOVEMBER 4, 11 & 18, 2017

for Boys and Girls in 5K - Grade 3

These clinics are for youth looking to sharpen their skills for the upcoming basketball season. The clinics will focus on ball handling, shooting and other fundamentals. The clinics will be held at the Sheboygan Falls YMCA in the gym.

For more information, please contact Fred at fluether@sheboygancountyymca.org or 920-467-2464 x207. **Drop-in registration is welcome at each clinic.**

5K - Grade 1

Saturday 9:00am - 10:00am

Grades 2 - 3

Saturday 10:00am - 11:00am



SHEBOYGAN FALLS YMCA 2017 PRE-SEASON BASKETBALL CLINICS

Return to the Sheboygan Falls YMCA, 305 Buffalo St, Sheboygan Falls, WI 53085 | 920-467-2464

Name _____ Grade _____ Birth Date _____ M F
 Address _____ City _____
 State _____ Zip Code _____ Phone 1 _____ Phone 2 _____
 Email _____ School _____

HOLD HARMLESS AGREEMENT

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for my child to participate and be photographed in YMCA activities.

Parent Signature _____ **Date** _____

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| <input checked="" type="checkbox"/> Date | <input checked="" type="checkbox"/> Grade & Time | <input checked="" type="checkbox"/> Fee per Clinic |
| <input type="checkbox"/> November 4 | <input type="checkbox"/> 5K - Grade 19:00am | <input type="checkbox"/> \$3.00 Family YMCA Member |
| <input type="checkbox"/> November 11 | <input type="checkbox"/> Grades 2 - 3.....10:00am | <input type="checkbox"/> \$4.00 Youth YMCA Member |
| <input type="checkbox"/> November 18 | | <input type="checkbox"/> \$6.00 Participant |

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____
 17F2-2YCLINIC..