

SHEBOYGAN YMCA

812 Broughton Drive, Sheboygan, WI 53081

P 920-451-8000 • F 920-451-8019

www.sheboygancountyyymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



PRE-SEASON BASKETBALL CLINICS

SEPTEMBER 16 - NOVEMBER 4, 2017

for Boys and Girls in Grades 3 - 6

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 YMCA.

The clinic instructor is Jim Pittner, former Lutheran High School varsity assistant coach.

For more information, please contact Matt Mueller at 920-451-8000 x117 or mmueller@sheboygancountyyymca.org. **Drop-in registration is welcome at each clinic.**

Saturday..... 8:30am - 9:30am



SHEBOYGAN YMCA 2017 PRE-SEASON BASKETBALL CLINICS

Return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081 | 920-451-8000

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

✓ Each Clinic		✓ Fee per Clinic		✓ Fee all 8 Clinics	
<input type="checkbox"/> September 16	<input type="checkbox"/> October 14	<input type="checkbox"/> \$3.00 Family Member	<input type="checkbox"/> \$16.00 Family Member	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> September 23	<input type="checkbox"/> October 21	<input type="checkbox"/> \$4.00 Youth Member	<input type="checkbox"/> \$22.00 Youth Member	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> September 30	<input type="checkbox"/> October 28	<input type="checkbox"/> \$6.00 Participant	<input type="checkbox"/> \$34.00 Participant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> October 7	<input type="checkbox"/> November 4				

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** _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____
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