



**DOWNTOWN YMCA**



## **SPRING BASKETBALL CLINIC**

### **GRADES OFFERED**

- 2nd-3rd | 4th-5th | 6th-8th

### **WHEN**

- May 8 – May 24, 2018
  - \* 2nd-3rd: Tues. & Thurs. @ 5:45pm
  - \* 4th-5th: Tues. & Thurs. @ 5:45pm or 6:45pm
  - \* 6th-8th: Tues. & Thurs. @ 6:45pm

### **IMPORTANT INFORMATION**

- Attire: Basketball shoes, shorts and t-shirt.
- Where: Downtown Y Gymnasium.
- Limited space available.

### **WHAT YOU GET**

- 6 sessions (2 per week)
- Skills & Drills
- Competitions
- Character Building

### **REGISTRATION**

- April 2—30, 2018

### **COST**

- YMCA Member: \$70
- Non-Member: \$140

For more information, contact: Eduardo Emmanuelli, Sports Director | [eemmanuelli@cfymca.org](mailto:eemmanuelli@cfymca.org)

Downtown Orlando YMCA | 433 N. Mills Ave. Orlando, FL, 32803 | 407-896-6901

# BASKETBALL CLINIC REGISTRATION FORM

Grade (Circle One):      2nd-3rd      4th-5th      6th-8th

Participant's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Member: Yes or No      Member #: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Waiver/Policies

I understand that the Central Florida YMCA assumes no responsibility for injuries or illness which the participant may sustain as a result of his/her physical condition or resulting from his/her athletic activities, the aquatic program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge the YMCA of Central Florida, its agents, servant and employees from any and all claims for injury, illness, death and loss or damage which the participant may suffer as a result of his/her participation in these activities. I understand that the YMCA of Central Florida is not responsible for personal property lost or stolen while a member and/or program participant on the premises. I give my permission to the YMCA of Central Florida to use, without limitation of obligation, photographs, film footage, or audio recordings, which may include a family's image or voice for the purpose of promoting or interpreting the YMCA of Central Florida's programs.

I acknowledge the waiver set forth above, and being in sympathy with the Mission Statement of the YMCA of Central Florida, agree to sign this waiver.

### Make-up Policy:

- The Downtown YMCA will only reschedule cancelled classes due to inclement weather. In the case of illness, and excuse from a licensed physician will be required. Medical make-ups will depend on space available.
- No other make-ups will be conducted.

### Make-up Policy:

- Refunds for any class will be issued as long as the request is PRIOR to the start date of the class.
- Refunds will require 4 to 6 weeks to be processed.
- Refunds will NOT be given for make-up classes being missed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY \_\_\_\_\_ FOR OFFICE USE ONLY

Scholarship amount: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Cash: \_\_\_\_\_ Credit: \_\_\_\_\_ Check #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Member #: \_\_\_\_\_