



YBOA SHOOTING AND DRIBBLING CLINIC

Take your skills to the next level

Sundays 9-12

Wahiawa district park gym
Ewa Mahiko district park gym

July 12 - August 30

\$5 per participant/all ages welcome

NEED NOT be a YBOA member

bring your own ball

must be accompanied by a parent to
sign waiver form

any questions, contact

yboahawaii@gmail.com

INDIVIDUAL SKILLS TRAINING BASKETBALL CLINIC



Player Registration Form

Player Name: _____ Age: _____

Parent E-mail _____ Phone: _____

Amount paid: _____ (Cash/Check # _____)

Waiver and Release

I, _____, give permission for my child _____
(Parent/Guardian name) (Child's name)

to participate in the Individual Skills Basketball Clinic conducted by YBOA Hawaii, and agree that my child is healthy and able to participate in the clinic. I will not hold YBOA Hawaii, its coaches, director or team of volunteers liable for any injury(s) that my child may sustain by participating in this basketball clinic. In the event that my child get injured and needs medical attention, I give YBOA Hawaii and its staff permission to contact Emergency Medical officials to attend to my child. I agree to the above and will not hold YBOA Hawaii liable for any injuries that may occur while participating in the basketball clinic.

Parent Consent/Signature _____

Date _____