



## **YBOA Shooting & Dribbling Clinic**

*Take your skills to the next level*

**SUNDAYS 9am to 12pm**

**EWA MAHIKO GYM**

**\$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](mailto: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 \_\_\_\_\_