

**Working as a team and having fun!!.**



## **YOUTH BASKETBALL CLINICS**

The clinics are developed to teach the fundamentals of basketball. Depending on the age of the child the more advanced drills will be taught. Children will learn how to work as a team, do individual drills, team drills, and most importantly have fun!

Grades offered:

**Small Shots I (Kindergarten-1st Boys)**– This class will teach basic fundamentals of basketball. Included will be practice and games. Children will learn how to dribble, shoot, pass, rebound.

**Small Shots II (2nd-3rd Boys)**—This class will teach basic fundamentals of basketball. In this class there will be more skill oriented drills. Dribbling, passing, shooting, rebounding, and defensive drills will be taught.

**Big Shots (4-5th Boys)**-This will be a more advanced class. The children will learn how to warm up and stretch. Emphasis on teaching skills needed for game situations. Drills taught will be shooting, passing dribbling, rebounding, and defense.



**Registration information is on page 2 of this flyer or can be found online sports registration form.**

**The clinics will be held on November 1st and 8th.**

**Small Shots I: 1-2pm**

**Small Shots II: 2:15 3:15pm**

**Big Shots: 3:30-4:30pm**

**Fee includes both dates :  
\$15/Members per child  
\$30/Non-Members per child**

- The clinics will be run by Kevin Rodis, a member of the YMCA staff. Kevin is a former player at Framingham High School, and has coached and refereed various levels of basketball . Kevin has worked at the Framingham Flyers Summer Basketball Camp , and has worked with children of all ages.

**METROWEST YMCA**

280 Old Connecticut Path  
Framingham, Ma 01701  
508-879-4420

Contact:  
Branch Executive Director (x41) Bob Johnson  
Email:bjohnson@metrowestymca.org



We build strong kids, strong families, strong communities.

### METROWEST YMCA BASKETBALL CLINIC REGISTRATION FORM

Class requested: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address/Town/State/Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Amount of Payment \_\_\_\_\_ Check Number \_\_\_\_\_

Credit Card Number (MC-Visa-Discover-ONLY) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

**RETURN ALL FULLY COMPLETED FORMS WITH PAYMENT TO  
MetroWest YMCA  
AHN: Youth Basketball Clinics  
280 Old Connecticut Path  
Framingham, MA 01701**

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#### Mandatory YMCA Waiver

I understand that the MetroWest YMCA assumes no responsibility for injuries or illnesses which may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the MetroWest YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the MetroWest YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises.  
**I acknowledge the WAIVER set forth above.**

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

Date \_\_\_\_\_



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