



PLAYERS DEVELOPMENT BASKETBALL

(BOYS & GIRLS)

Phil Cline Family YMCA & Elite Skills Basketball Athletes run by (former Marshall basketball player Frank Martin) presents Players Development Basketball Program.

WHAT'S COVERED?

Shooting, Ball Handling, Defensive Drills, Attack Drills, and Footwork are Emphasized. Improve your Knowledge and Effectiveness as a Primary Ball Handler or Perimeter Player. Intense, Focused, and Detailed Drill for Player Development.

CONTACT

DuRon Jackson (304)697-7113 or djackson@huntingtonymca.org to Register & for More Information. Also you can Contact Frank Martin at (304)690-1813 or frank12baller@gmail.com for more information.

FOR MORE INFORMATION:

Phil Cline Family Y | 304.697.7113 | www.huntingtonymca.org



PLAYERS DEVELOPMENT BASKETBALL

May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

For competitive boys and girls.

START DATE March 18, 2019

COST \$15

CLASSES Mondays & Wednesdays
(Please Circle One)

Grades 1st thru 5th | 5-5:55 pm

Middle School | 6-6:55 pm

High School | 7-8 pm

*All classes will be divided by skill level. Limited to 20 participants per class.

ELITE SKILLS BASKETBALL



ATHLETES

To register, or for more information, contact:

frank12baller@gmail.com | djackson@huntingtonymca.org

Grades 1st - High School

Please complete all information. Incomplete forms will not be processed.

PLAYER INFORMATION

PLEASE PRINT CLEARLY

MEMBER NO. _____ DATE OF BIRTH _____ GRADE _____ SEX: MALE FEMALE

LAST NAME _____ FIRST NAME _____ M.I. _____

PARENT / GUARDIAN NAME(S) _____

STREET ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: (____) _____ CELL: (____) _____ EMAIL: _____

MEDICAL / EMERGENCY INFORMATION

IMPORTANT LIST ANY MEDICAL PROBLEMS OR LIMITATIONS _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____

DATE ____/____/____ LAST NAME _____

FIRST _____

I do hereby waive, release, and forever discharge the Huntington YMCA, its employees, independent contractors, or anyone acting on its behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the YMCA, including those injuries or damages that may be incurred by the use of equipment furnished by the YMCA. By signing below, I acknowledge there may be health risks associated with my child's participation in the YMCA's program(s), which may include, but not be limited to, transient light-headedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any YMCA representative who observes any symptoms of distress or abnormal response to activity, I declare that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

_____/_____/_____
Parent / Guardian Signature Date Parent / Guardian Signature Date

DROP OFF at any Y location or **MAIL APPLICATION TO:** YMCA | 917 9th Street | Huntington, WV 25701