

# Austin Wildcat Fall Academy



**Who:** 4<sup>th</sup>-9<sup>th</sup> grade

**When:** Saturdays ,9/15-10/27  
4pm-5:30pm

**Cost**

\$140 registration (through 9/14)  
\$170 late registration (after 9/14)  
\$30 per session

**Location**

WAYA  
1314 Exposition Blvd, 78703

**WILDCATS MISSION STATEMENT**

To prepare kids to play competitive basketball in Middle and High School and to compete in life after basketball.

*Keep Austin  
Wild*

15

Sep

**Dribbling**

WAYA | 4-5:30pm

22

Sep

**Passing**

WAYA | 4-5:30pm

29

Sep

**Layups**

WAYA | 4-5:30pm

6

Oct

**Shooting**

WAYA | 4-5:30pm

13

Oct

**Rebounding**

WAYA | 4-5:30pm

20

Oct

**Zone Defense**

WAYA | 4-5:30pm

27

Oct

**Man Defense**

WAYA | 4-5:30pm

Download Registration Form (program flyer) and Pay online at  
[www.austinwildcats.org/wildcats-5th-12th-grade](http://www.austinwildcats.org/wildcats-5th-12th-grade)

**For More Information:** [Revans@AustinWildcats.org](mailto:Revans@AustinWildcats.org)

# AUSTIN WILDCATS

## Fall Academy, 2018

### -Participant Information Form -

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_ Returning Player \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

E-Mail \_\_\_\_\_

I/We, the undersigned, hereby certify that I (We) am (are) the parent or legal guardian of the participant. I hereby give permission for the staff of the Austin Wildcats to seek during the period of the league appropriate medical attention for the participant and for the medical attention to be given and for the participant to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of the medical attention and treatment, except for that covered by the certified athletic trainer.

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge the Austin Wildcats Basketball Inc., West Austin Youth Association and their staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participation in team activities or while at practice, whether or not damages, injury or loss are due to negligence. Participants will not be allowed to participate unless the information is submitted and the form signed by the parent or guardian and the participant.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***For More Information Email Rob Evans at: [revans@austinwildcats.org](mailto:revans@austinwildcats.org)***