



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FALL SPORTS 2018

BOERNE FAMILY YMCA

YMCA/TORO SOCCER LEAGUE

- No player requests for Toro partner leagues.

Season dates

U6 - U8 Y/Toro = Sept. 11 - Nov. 2

U4 Y Volunteer = Sept. 15 - Oct 20

League Age Cut-off: Sept. 1, 2018
All leagues are Co-Ed

Registration: July 2 - Aug. 19

Program Fees

U6 - U8 Program Fee	Amount Paid
\$50	\$
U6 - U8 Boerne Resident Fee	
\$10	\$
U6 - U8 Non-Boerne Resident Fee	
\$50	\$
U6 - U8 Residency confirmation	
Staff initials	\$
U4 Y Volunteer League Member Rate	
\$100	\$
U4 Y Volunteer League Non-Member Rate	
\$115	\$

Check # _____ TOTAL

\$

Sessions

U6 & U7 Tuesday 4:30 - 5:30pm

U8 Thursday 4:30 - 5:30pm

U4 = Volunteer Coach league (30 min. of practice followed by 30 min. of game play) Saturday 10am

Important Dates

Sept. 11 Practice Begins

Sept. 15 U4 Practice / Games Start

Sept. 28 First Tournament

Oct. 19 Second Tournament

Nov. 2 Final Tournament

All tournaments will take place on Fridays.

! Important

Boerne residency **MUST** be confirmed by a **utility bill** and verified by a Y staff member.

YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

REGISTRATION

My child is a : Returning Player/New Player Player DOB: / / Age on 9/1/18: / /

Player Last Name: _____ First Name: _____ Sex: M or F
Mailing Address: _____ City: _____ Zip: _____

Parent/Guardian 1: _____

Male or Female Birth date: ____/____/____ Cell Ph: _____ Cell Ph. Carrier _____

Email: _____ Employer: _____

☐ **I would like to volunteer as a Coach/Assistant Coach.**

Do you receive a utility bill from the City of Boerne? ☐ yes ☐ no

Parent/Guardian 2: _____

Male or Female Birth date: ____/____/____ Cell Ph: _____ Cell Ph. Carrier _____

Email: _____ Employer: _____

☐ **I would like to volunteer as a Coach/Assistant Coach.**

Do you receive a utility bill from the City of Boerne? ☐ yes ☐ no

Coach Request (U4 only)

Demographic Information

We request the following demographic information for general reporting use only. It is kept confidential and is reported in summary form only. It is not related to any fees you may be charged. Our funding sources require us to report the information on ALL persons we serve in the Greater San Antonio area. Please answer the following:

What ethnicity is your child?

Hispanic/Spanish White/Caucasian African American Asian American/Pacific Islander American Indian, Eskimo Other

Household Income over past 12 months:

<\$5,000 \$5,000-9,999 \$10,000-14,999 \$15,000-24,999 \$25,000-34,999 \$35,000-49,999 Over \$50,000

Child's Household:

Two Parent Single Parent (Male or Female) Other ____ # of Adults (18+ yrs) ____ # of Children (<18 yrs) ____

PARENT SIGNATURE

I will be responsible for my child's medical costs due to accident or illness. I will hold the YMCA of Greater San Antonio and its directors, officers, employees, volunteers and other agents harmless for incidents which may arise from participation in the YMCA programs and activities, realizing that there are risks in these activities. I give permission for photographs to be made of my child(ren) to be used solely for publicity and training purposes by the YMCA of Greater San Antonio. The YMCA has my permission to evaluate the impact of their programs on my children. I understand that surveys may be conducted on a routine basis and that all information collected on individual children will be confidential. Group averages will be shared with staff to improve programs, with donors to maintain funding and with parents/volunteers to provide information on how the YMCA is building strong kids, strong families and strong communities. **I understand all refund/credit requests must be made in writing and will only be considered before the first game. There will be a \$20 service fee on all refunds/credits. Any credits not utilized within 1 year of issuance will be forfeited.**

Parent's Signature

Date