

FOR YOUTH DEVELOPMENT®

FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FALL SPORTS 2018

DAVIS-SCOTT FAMILY YMCA

Basketball			
	Boys BU (7 - 8 yrs) 10U (9 - 10 yrs) 12U (11 - 12 yrs) 14U (13 - 14 yrs) 17U (15 - 17 yrs)	□ 10U (9 - 10 yrs) □ 12U (11 - 12 yrs	

League age cut-off: Sept. 1, 2018

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□ 8	U	(7	- 8	yrs)
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- □ 10U (9 10 yrs)
- □ 12U (11 12 yrs)
- □ 14U (13 14 yrs)
- □ 17U (15 17 yrs)

T-shirt/Jersey sizes: Size request will NOT be guaranteed after August 27, 2018

Youth sizes:

S

M

L

Adult sizes:

S

M

L

XXL

Are you willing to travel to other locations for games? Y N

League Information:

Please initial that you have read the information below:

Practices Begin: Sept. 17 The 2018 Fall Sports Season will consist of

Games Begin: Sept. 28 everyone playing 8 games.

Practices are held at the YMCA, area schools, and churches. Practices, times, and locations are based on availability of the facilities and coaches' schedules. Therefore, the YMCA cannot guarantee specific days, times, and location requests.



YOUTH SPORTS PROGRAM FEES

General Registration Late Registration		Amount Paid	
July 2 – August 26	August 27 - Sept. 2	Amount raid	
ALL SPORTS - Davis-Scott Family YMCA member			
\$15	\$25	\$	
ALL SPORTS - Non-member			
\$20	\$30	\$	



^{*}Volleyball games combined with Westside and played between the two branches.

For Staff Use Or \square Copy of birth 0	ily certificate required at registration	n to verify child's age. S	taff Verified: Date	AMT\$:	
My child is a :	Returning Player/New Player	Player DOB:	/ /	Age on 9/1/18:	
Player Last Nam	e:	First Nam	ie:	S	ex: M or F
Mailing Address	:	City: _		Zip:	
Home Ph:					
Parent/Guardiar	ı 1:				
Male or Female	Birth date://	Cell Ph:		Cell Ph Carrier:	
Email:		Emp	loyer:		
☐ I would like	e to volunteer as a Coach/A	ssistant Coach.			
Parent/Guardia	an 2:				
Male or Female	Birth date://	Cell Ph:		Cell Ph Carrier:	
Email:		Етр	loyer:		
	e to volunteer as a Coach/A				
☐ I have verifie	ed with the Coach that the play	er listed above is on t	he Team Roster fo	r:	
Coach Request:_		School Attendin	g:		
form only. It is not we serve in the Gr What ethnicity is Eskimo Other Household Incom	Iformation Illowing demographic information It related to any fees you may be eater San Antonio area. Please a s your child? Hispanic/Spanish N ne over past 12 months: -9,999 \$10,000-14,999 \$15,00	charged. Our funding inswer the following: White/Caucasian Africa	sources require us n American Asian Ai	to report the informatio	n on ALL persons

PARENT SIGNATURE

Other ___ # of Adults (18+ yrs) ___ # of Children (<18 yrs) ___

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 \$5 service fee on all refunds/credits. Any credits not utilized within 1 year of issuance will be forfeited.

Two Parent

Single Parent (Male or Female)