

FOR YOUTH DEVELOPMENT®

FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Fall Sports 2018

WALZEM FAMILY YMCA

BAS	KETBALL	VOLLEYBALL (Co-Ed)
□ 2 - 3 yrs Pee Wee & meCo-Ed□ U5 (ages 4 - 5)	□ U9 (ages 8 - 9) □ U11 (ages 10 - 11)	□ U9 (ages 8 - 9) □ U11 (ages 10 - 11) □ U13 (ages 12 - 13)
□ U7 (ages 6 - 7)	\square U13 (ages 12 – 13)	

SOCCER

☐ 2 - 3 yrs Pee Wee Clinic

Co-Ed

- ☐ U5 (ages 4 5)
- □ U7 (ages 6 7)
- ☐ U9 (ages 8 9)
- ☐ U11 (ages 10 11)

Important Dates:

Coach Meeting: August 22 **Parents Meeting:** August 25

First Week of Practice: September 3

First Games: September 8 **Season Ends:** October 27

Please review our Sports Weather Policy located on parent information sheets & at www.ymcasatx.org/weatherpolicy

Soccer and flag football are played at the NE Sports Complex inside LBJ Park.

Soccer and volleyball will be partnered with Schertz Family YMCA.



YOUTH SPORTS PROGRAM FEES

Early Bird	General Registration	Last Call	Amount Paid	
July 2 – 8	July 9 - Aug. 12	Aug. 13 - 26		
ALL SPORTS - Facility Member Rates				
\$50	\$60	\$80	\$	
ALL SPORTS - Community Member Rates				
\$65	\$75	\$95	\$	

Volunteers	needed!
Coaches & Tea	m Parents

Add: \$15 to 1 Partners Scholarship rund (Holl-Tell	andablej	\$
Member #	TOTAL	\$



REGISTRATION For Staff Use Only Copy of birth certificate required at registration to verify child's age. Staff Verified: Date: AMT\$: Player DOB: / / Age on 9/1/18: Returning Player/New Player Player Last Name: _____ First Name: _____ Sex: M or F Home Ph: Parent/Guardian 1:______ Male or Female Employer: Email: ☐ I would like to volunteer as a Coach • Assistant Coach • Team Parent • Sponsor (please circle one) Parent/Guardian 2: _____ Male or Female Employer: ☐ I would like to volunteer as a Coach • Assistant Coach • Team Parent • Sponsor (please circle one) Special Requests All requests must be turned in by 9/1/18. (note: requests are NOT guaranteed) Coach Request ______ Player Request _____ 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