



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Winter Sports 2019

MAYS FAMILY YMCA AT POTRANCO

League age cut-off: Sept. 1, 2018

League Dates: January 5 - March 2, 2019

BASKETBALL

Co-ed

- ☐ 6U (5 - 6 yrs)
- ☐ 12U (11 - 12 yrs)
- ☐ 15U (13 - 15 yrs)
- ☐ 18U (16 - 18 yrs)

18U* will be combined with the WESTSIDE FAMILY
YMCA & DAVIS-SCOTT FAMILY YMCA

Partnered with Spurs Youth Basketball League

Boys

- ☐ 8U (7 - 8 yrs)
- ☐ 10U (9 - 10 yrs)

Girls*

- ☐ 8U (7 - 8 yrs)
- ☐ 10U (9 - 10 yrs)

VOLLEYBALL

- ☐ 10U (8 - 10 yrs)
- ☐ 12U (10 - 12 yrs)
- ☐ 14U (11 - 14 yrs)

All divisions will be combined with the
YMCA AT O.P. SCHNABEL PARK.

SPORTS CLINICS

Registration: Oct. 8 - Dec. 2

FEES: Non-Member Rate - \$70

Member Rate - \$50

*Sessions include six classes.

Jan. 14 - Feb. 18

Little Kickers - Indoor Soccer Ages 3-5

Max Participants - 16 per session

- ☐ Monday Session 6:00 - 6:45pm

Jan. 16 - Feb. 20

Little Dribblers - Basketball Ages 3-5

Max Participants - 24 per session

- ☐ Wednesday Session 6:30 - 7:15pm

Jan. 17 - Feb. 21

Little Spikers - Volleyball Ages 5-8

Max Participants - 24 per session

- ☐ Thursday Session 5:00 - 5:45pm

YOUTH SPORTS PROGRAM FEES

Early Bird Registration - All Team Registrations must be turned in as a team by the coach or as a group. Register early to receive the best rate!

General Registration - All Coach and Player requests must be turned in. All requests are not guaranteed.

Late Registration - Space is limited to teams with openings and no requests will be considered.

Divisions may be combined due to low participation.

***If there is not enough participation in the girls' division, it will be combined with the boys division. Girls may still participate in the boys' division.**

Early Bird Registration	General Registration	Late Registration	Amount Paid
Oct. 8 - 28	Oct. 29 - Nov. 11	Nov. 19 - Dec. 2	
ALL SPORTS - Non-Member Rates			
\$115	\$130	\$145	\$
ALL SPORTS - Member Rates			
\$75	\$90	\$105	\$

Help other youth enjoy playing sports - donate \$5 or \$10 to our YPartners Scholarship Fund

\$

Check # _____ TOTAL

\$

Financial Assistance is available through our Open Doors Scholarship Program.



REGISTRATION

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

Player Last Name: _____ First Name: _____ Gender: _____

Mailing Address: _____ City: _____ Zip: _____

Home Ph: _____

Parent/Guardian 1: _____ DOB: _____ Cell Ph: _____

Email: _____ Employer: _____ Work Ph: _____

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

Parent/Guardian 2: _____ DOB: _____ Cell Ph: _____

Email: _____ Employer: _____ Work Ph: _____

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

How did you hear about us?

☐ Friend ☐ E-mail ☐ Direct Mailer ☐ Flyer ☐ Social Media ☐ Other: _____

What school does the player attend?: _____

Special Requests All requests must be turned in by 11/11/18. (note: requests are NOT guaranteed)

Only one request will be considered.

Coach Request _____ Player Request _____

Please circle three(3) days you are available for practice. Monday Tuesday Wednesday Thursday Friday

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