FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Sports 2019

YMCA AT O.P. SCHNABEL PARK

League age cut-off: Sept. 1, 2018

BASKETBALL

Co-Ed

☐ 5 - 6 yrs
☐ 7 - 8 yrs
☐ 9 - 10 yrs
☐ 11 - 12 yrs
☐ 13 - 15 yrs
☐ 16 - 18 yrs

Girls

☐ 9 - 10 yrs

TBALL/BASEBALL

☐ 3 - 4 yrs: TBall
☐ 5 - 6 yrs: Pitch & Tee
☐ 7 - 8 yrs: Coach Pitch
☐ 9 - 10 yrs: Kid Pitch

SOCCER (Co-ed)

☐ 3 - 4 yrs
☐ 5 - 6 yrs
☐ 7 - 8 yrs
☐ 9 - 10 yrs
☐ 11 - 12 yrs
☐ 13 - 15 yrs

Ages 3 - 6: 4 v 4
Ages 7 - 15: 6 v 6

VOLLEYBALL

☐ 8 - 10 yrs
☐ 11 - 12 yrs
☐ 13 - 14 yrs

PROGRAM INFO

Practices & Games:
There will be no games week of July 1
June 17 - 20: Meet & Greet and First Practice
6 week game schedule beginning June 24
Game schedule is 45 minute practice followed by 45 minute game

SPORTS CLINICS

Registration: April 8 - June 2

FEES: Non-Member Rate - $70
Member Rate - $50

June 17 - July 29
Little Kickers - Soccer Ages 3-5
Max Participants - 16 per session
☐ Monday Session 6:00p - 6:45pm
☐ Tuesday Session 6:00p - 6:45pm

*Session include six classes — times may be combined due to low enrollment. NO clinics week of July 1.

YOUTH SPORTS PROGRAM FEES

Early Bird Registration - All Team Registrations must be turned in as a team by the coach or as a group.

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.

Early Bird Registration	General Registration	Late Registration	Amount Paid
April 8 - 28	April 29 - May 12	May 20 - June 2	
BASEBALL & SOCCER - Non-Member Rates			
$105	$125	$135	$
BASEBALL & SOCCER - Member Rates			
$65	$85	$95	$
BASKETBALL & VOLLEYBALL - Non-Member Rates			
$110	$130	$140	$
BASKETBALL & VOLLEYBAL - Member Rates			
$70	$90	$100	$

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

Help other youth enjoy playing sports and donate $5 or $10 to our Annual Campaign $

Check #_____ **TOTAL** $

Financial Assistance is available through our Open Doors Scholarship Program.

United Way

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: _____ Gender:_____

Mailing Address: _____ City: _____ Zip:_____

Home Ph: _____

Parent/Guardian 1: _____

Male or Female Birth date: ___/___/___ Cell Ph:_____ Work Ph:_____

Email: _____ Employer:_____

☐ **I would like to volunteer to be the Coach.**

Parent/Guardian 2: _____

Male or Female Birth date: ___/___/___ Cell Ph:_____ Work Ph:_____

Email: _____ Employer:_____

☐ **I would like to volunteer to be the Coach.**

Special Requests All requests must be turned in by 5/12/19. **(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