



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Sports 2019

MAYS FAMILY YMCA AT POTRANCO

Rosters & Schedules will be sent out by June 9
League age cut-off: Sept. 1, 2018
League Dates: June 17 - August 15

BASKETBALL

Co-Ed

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

Girls 9 - 10 yrs

VOLLEYBALL

- 8 - 10 yrs
 10 - 12 yrs
 13 - 15 yrs

SOCCER

Co-Ed

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

BASEBALL

- T-Ball (3 - 4 yrs)
 Pitch & Tee (5 - 6 yrs)
 Coach Pitch (7 - 8 yrs)
 Kid Pitch (9 - 10 yrs)

PROGRAM INFO

Practices & Games:

- The summer sports leagues will have two 1-hr practices the 1st and 2nd week of the season. The remainder of the season will be 30 min practices followed by a game.
- No Weekend Games
- There will be no games July 2-5

SPORTS CLINICS

Registration: April 8 - June 2

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

June 24 - Aug. 8

Little Kickers - Indoor Soccer Ages 3-5

Max Participants - 16 per session
 Monday Session 6 - 6:45pm

June 24 - Aug. 8

Little Dribblers - Basketball Ages 3-5

Max Participants - 24 per session
 Monday Session 5 - 5:45pm

*Sessions include six classes. NO clinics July 2-5.

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.

Financial Assistance is available through our Open Doors Scholarship Program.

| Early Bird Registration | General Registration | Late Registration | Amount Paid |
|--------------------------------------|----------------------|-------------------|-------------|
| April 8 - 28 | April 29 - May 12 | May 20 - June 2 | |
| ALL SPORTS - Non-Member Rates | | | |
| \$105 | \$125 | \$135 | \$ |
| ALL SPORTS - Member Rates | | | |
| \$65 | \$85 | \$95 | \$ |

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

Check # _____ TOTAL



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: _____

School Attending: _____

Parent/Guardian 1: _____

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

Email: _____ Employer: _____

I would like to volunteer to be the Head/Assistant Coach.

Parent/Guardian 2: _____

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

Email: _____ Employer: _____

I would like to volunteer to be the Head/Assistant Coach.

Special Requests All requests must be turned in by 5/12/19 (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 (note: if you have a coach/player request do NOT circle days available.)

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