Fall Sports 2019
YMCA AT O.P. SCHNABEL PARK

League age cut-off: Sept. 1, 2019

**BASEBALL**
- □ TBall (3-4 years)
- □ Pitch & Tee (5-6 years)
- □ Coach Pitch (7-8 years)
- □ Kid Pitch (9-10 years)

**VOLLEYBALL**
- □ 8-10 yrs
- □ 11-12 yrs
- □ 13-14 yrs

**BASKETBALL**
- □ Girls
  - □ 7 - 8 yrs
  - □ 9 - 10 yrs
  - □ Co-ed
  - □ 5 - 6 yrs
  - □ 7 - 8 yrs
  - □ 9 - 10 yrs
  - □ 11 - 12 yrs
  - □ 13 - 15 yrs
  - □ 16 - 18 yrs

**SOCCER**
- □ Boys
- □ Girls
- □ Co-Ed
- □ 3 - 4 yrs
- □ 5 - 6 yrs
- □ 7 - 8 yrs
- □ 9 - 10 yrs
- □ 11 - 12 yrs
- □ 13 - 15 yrs

**FLAG FOOTBALL**
- □ 7-8 yrs
- □ 9-10 yrs
- □ 11-12 yrs

**SPORTS CLINICS**

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**Sports Clinics:**
- **Sept. 23 - Oct. 28**
  - Little Kickers - Soccer Ages 3-5
  - Max Participants - 16 per session
  - □ Monday Session 4:00 - 4:45pm
- **Sept. 24 - Oct. 29**
  - Little Spikers - Volleyball Ages 5-8
  - Max Participants - 24 per session
  - □ Tuesday Session 6:30-7:15pm
- **Sept. 26 - Oct. 31**
  - Little Receivers - Football Ages 5-7
  - Max Participants - 12 per session
  - □ Thursday Session 5:00 -5:45pm

*Session include six classes.

**YMCA AT O.P. SCHNABEL PARK**

**YMCA Mission:** To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

**YOUTH SPORTS PROGRAM FEES**

<table>
<thead>
<tr>
<th>Early Bird Registration</th>
<th>General Registration</th>
<th>Late Registration</th>
<th>Amount Paid</th>
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<tr>
<td>July 8 - 28</td>
<td>July 29 - Aug. 11</td>
<td>Aug. 19 - 25</td>
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<tr>
<td>BASEBALL, SOCCER, AND FLAG FOOTBALL - Non-Member Rates</td>
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<td>BASEBALL, SOCCER, AND FLAG FOOTBALL - Member Rates</td>
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Help other kids enjoy Y Youth Sports:
Donate $5 or $10 to our Annual Campaign

Financial Assistance is available through our Open Doors Scholarship Program.

Check # ________ TOTAL $
REGISTRATION

My child is a: Returning Player/New Player  Player DOB:  /  /  Age on 9/1/19:

Player Last Name: ___________________________________________  First Name: ___________________________________________  Gender: ______

Mailing Address: ___________________________________________  City: ___________________________________________  Zip: __________

Home Ph: __________________________________________________________

Parent/Guardian 1: __________________________________________________________

Gender: ______  Birth date: ____/____/____  Cell Ph: __________________________  Work Ph: __________________________

Email: __________________________________________________________  Employer: __________________________________________

☐  I would like to volunteer to be the Coach.

Parent/Guardian 2: __________________________________________________________

Gender: ______  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 8/11/19.  (note: requests are NOT guaranteed)

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