Fall Sports 2019
MAYS FAMILY YMCA AT POTRANCO

League age cut-off: Sept. 1, 2019
League Dates: September 14 - November 16

**BASKETBALL**

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

- Girls
  - 9 - 10 yrs

**BASEBALL**

- T-Ball (3 - 4 yrs)
- Pitch & Tee (5 - 6 yrs)
- Coach Pitch (7 - 8 yrs)
- Kid Pitch (9 - 11 yrs)

**VOLLEYBALL**

- 8 - 10 yrs
- 10 - 12 yrs
- 13 - 14 yrs

**SOCCER**

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

**FLAG FOOTBALL**

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

**SPORTS CLINICS**

Registration: July 8 – Aug. 2
FEES: Non-Member Rate - $70
      Member Rate - $50

Sept. 16 – Oct. 21
Little Kickers – Indoor Soccer Ages 3–5
Max Participants – 16 per session
- Monday Session 6 – 6:45pm

Sept. 18 – Oct. 22
Little Dribblers – Basketball Ages 3–5
Max Participants – 18 per session
- Wednesday Session 6:30 – 7:15pm

*Sessions include six classes.

**YOUTH SPORTS PROGRAM FEES**

<table>
<thead>
<tr>
<th>Early Bird Registration</th>
<th>General Registration</th>
<th>Late Registration</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 8 – 28</td>
<td>July 29 – Aug. 11</td>
<td>Aug. 12 – 25</td>
<td></td>
</tr>
<tr>
<td><strong>BASEBALL, SOCCER, FLAG FOOTBALL – Non-Member Rates</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$115</td>
<td>$130</td>
<td>$145</td>
<td>$</td>
</tr>
<tr>
<td><strong>BASEBALL, SOCCER, FLAG FOOTBALL – Y Member Rates</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$75</td>
<td>$90</td>
<td>$105</td>
<td>$</td>
</tr>
<tr>
<td><strong>BASKETBALL, VOLLEYBALL – Non-Member Rates</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$120</td>
<td>$135</td>
<td>$150</td>
<td>$</td>
</tr>
<tr>
<td><strong>BASKETBALL, VOLLEYBALL – Y Member Rates</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$80</td>
<td>$95</td>
<td>$110</td>
<td>$</td>
</tr>
</tbody>
</table>

Help other youth enjoy playing sports:
Donate $5 or $10 to our Annual Campaign

Check #__________ TOTAL $__________

Financial Assistance is available through our Open Doors Scholarship Program.

**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 9/1/19:

Player Last Name: ___________________________  First Name: ___________________________  Gender: ______

Mailing Address: _____________________________  City: ___________________________  Zip: __________

Home Ph: ___________________________  Attending School: ___________________________

Parent/Guardian 1: ___________________________

Male or Female  Birth date: __/__/____  Cell Ph: ___________________________  Cell Ph Provider: _________________________

Email: ___________________________  Employer: ___________________________

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

Parent/Guardian 2: ___________________________

Male or Female  Birth date: __/__/____  Cell Ph: ___________________________  Cell Ph Provider: _________________________

Email: ___________________________  Employer: ___________________________

☐  I would like to volunteer to be the Head 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