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: ____________________________________________________________________________________________________________________________________________

Parent/Guardian 1: _____________________________________________________________

Gender: __________  Birth date: ____/____/____  Cell Ph: ________________  Cell Carrier: _______________________________

Email: ______________________________________________________________________  Employer: ___________________________________________________________

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

Parent/Guardian 2: _____________________________________________________________

Gender: __________  Birth date: ____/____/____  Cell Ph: ________________  Cell Carrier: _______________________________

Email: ______________________________________________________________________  Employer: ___________________________________________________________

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

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 Y 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 Y 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 Y 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 SIGNATURE

Parent’s Signature _________________________  Date _________________________