FALL SPORTS 2019

Schertz Family YMCA & Cibolo Family YMCA Youth Sports

League age cut-off: Sept. 1, 2019

Soccer (co-ed)
- Ages 2 - 3 Pee Wee & Me Clinic
- Ages 3 - 4
- Ages 5 - 6
- Ages 7 - 8
- Ages 9 - 10
- Ages 11 - 12

Divisions may be combined due to low participation.

General Registration
All Coach and Player requests must be turned in. All requests are not guaranteed.

Last Call
Space is limited to teams with openings and no requests will be considered.

Volleyball (co-ed)
- Ages 5 - 7 Lil’ Spikers Clinic
- Ages 8 - 9
- Ages 10 - 11
- Ages 12 - 13

Team maximum is 10 players.

T-Ball
- Ages 3 - 4

Important Dates
- Week of Sept. 2 Meet & Greet
- September 9 First week of practice
- September 14 Season begins
- November 2 Season ends

Games
- There will be 8 games for each sport and will be played on Saturdays.
- Practice will be determined on coach availability

Program Information
- Practices times and locations are based on availability of the facilities and coaches schedules. Therefore, the YMCA cannot guarantee specific practice days, times, and location request. Practices for Volleyball will be held at the Y and are subject to change locations due to availability.
- Volunteer Coaches Your coach will contact you with practice site and time information. Please allow all coaches at least one week from the Coaches meetings to contact their team.
- YMCA Jersey Provided along with socks, shorts and pants are not provided. Only YMCA Sanctioned Uniforms allowed. Due to the size of the program the YMCA cannot guarantee exact sizing of uniforms. General orders are placed with YMCA’s vendors using national size recommendations in each age division.
- Coach request are not guaranteed and can only be considered if noted on registrations form.
- Player request are not guaranteed and can only be considered if players register at same time.
- Registration Locations
  Schertz Family YMCA - 621 Westchester, 78154 • 210-619-1900
  ONLINE REGISTRATION AVAILABLE - Online you’re first in line at www.ymcasatx.org

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: __________________________ Work Ph: __________________________

Email: ___________________________________________________________ Employer: __________________________________________

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

Parent/Guardian 2: ___________________________________________

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

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) ___

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 ________________