



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FALL SPORTS 2019

## WESTSIDE FAMILY YMCA

League age cut-off: Sept. 1, 2019

### Basketball

**CoEd**

- 4U (3 - 4 yrs)
- 6U (5 - 6 yrs)
- 8U (7 - 8 yrs)
- 10U (9 - 10 yrs)
- 12U (11 - 12 yrs)
- 14U (13 - 14 yrs)
- 17U (15 - 17 yrs)

### Soccer

**CoEd**

- 4U (3 - 4 yrs)
- 6U (5 - 6 yrs)
- 8U (7 - 8 yrs)
- 10U (9 - 10 yrs)

### Volleyball (co-ed)

- 8U (7 - 8 yrs)
- 10U (9 - 10 yrs)
- 12U (11 - 12 yrs)
- 14U (13 - 14 yrs)
- 17U (15 - 17 yrs)

\*Volleyball games are combined with Davis-Scott and Najim and played at Davis-Scott and Westside.

## League Information:

Please initial that you have read the information below: \_\_\_\_\_

**Practices Begin:** Sept. 16 The 2019 Fall Sports Season will consist of  
**Games Begin:** Sept. 20 everyone playing 8 games.

**Practices** are held at the YMCA, area schools, and churches. Practices, times, and locations are based on availability of the facilities and coaches' schedules. Therefore, the YMCA cannot guarantee specific days, times, and location requests.

Are you willing to travel to other locations for games? Y N



## YOUTH SPORTS PROGRAM FEES

Early Bird Registration	General Registration	Late Registration	Amount Paid
July 8 - 28	July 29 - Aug. 11	Aug. 19 - 25	
<b>ALL SPORTS - Non-Member Rates</b>			
\$55	\$65	\$75	\$
<b>ALL SPORTS - YMCA Member Rates</b>			
\$45	\$55	\$65	\$

Member # \_\_\_\_\_ **TOTAL**

\$
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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

## For Staff Use Only

Copy of birth certificate required at registration to verify child's age. Staff Verified: Date: AMT\$:

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 Ph Carrier: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Parent/Guardian 2: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth date: \_\_/\_\_/\_\_ Cell Ph: \_\_\_\_\_ Cell Ph Carrier: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

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

I have verified with the Coach that the player listed above is on the Team Roster for:

Coach Request: \_\_\_\_\_ School Attending: \_\_\_\_\_

## 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 \$5 service fee on all refunds/credits. Any credits not utilized within 1 year of issuance will be forfeited.**

Parent's Signature

Date