



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Spring Sports 2020

## DAVIS-SCOTT FAMILY YMCA

League age cut-off: Sept. 1, 2019

### YOUTH SPORTS PROGRAM FEES

#### Volleyball

- 11 - 12 yrs
- 13 - 14 yrs
- 15 - 17 yrs

**Sundays:**  
**Games only season**

Registration	Amount Paid
Feb. 21 - April 8	
<b>Volleyball</b>	
<b>\$35</b>	<b>\$</b>
Donate to help other children enjoy youth sports	\$
<b>TOTAL</b>	<b>\$</b>
<b>Financial Assistance is available through our Open Doors Scholarship Program.</b>	

#### Important Dates

**First Game:** April 18

**Last Game:** June 13

This is a games-only season.

There will be 8 games total played on Sundays.

There are no games Easter weekend or Fiesta weekend.

Age divisions may be combined due to low participation.

Age divisions 13+ have high chance of playing other YMCAs for games and travel is likely.



# 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: \_\_\_\_\_

What school does the player attend?: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_

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

Parent/Guardian 2: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_

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

## How did you hear about us?

Friend    E-mail    Direct Mailer    Flyer    Social Media    Other: \_\_\_\_\_



**Program info will be shared through emails from Y Staff and the PlayerSpace platform.**

I acknowledge that the email provided below is correct.

email: \_\_\_\_\_

## WAIVER

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