FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Fall Indoor Sports 2020

SCHERTZ FAMILY YMCA & CIBOLO FAMILY YMCA

League age cut-off: Sept. 1, 2020

Clinics

☐ Lil Spikers (volleyball) 5 - 8 yrs

Volleyball

☐ 7 - 8 yrs
☐ 9 - 10 yrs
☐ 11 - 12 yrs
☐ 13 - 14 yrs
☐ 15 - 17 yrs

YOUTH SPORTS PROGRAM FEES

Early Bird	General Reg.	Late Reg.	Last Call	Amount Paid
July 20 - 31	Aug. 1 - 31	Sept. 1 - 18	Sept. 19 - 25	
Lil Spikers Clinic			IN-BRANCH ONLY Prices same as Late Reg. Spots are limited to availability.	
$95	$105	$115		
Volleyball				
$110	$120	$130		$
Y Member Rate: $30 off leagues, $20 off clinics				$
Donate to help other children enjoy youth sports				$
			TOTAL	$

Financial Assistance is available through our Open Doors Scholarship Program.

Important Dates
First Practice: Week of Sept. 28
First Game: Oct. 10
Last Game: Dec. 5
There will be 8 games total.
There are no games/practice Thanksgiving week.
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.
Practices will be in local Y area.

REQUESTS
Early Bird – Individual requests accepted. Team registrations must be turned by the coach or group by **July 31, 2020.**
General Reg. – All Coach and Player requests must be turned in by **Aug. 31, 2020. Requests are not guaranteed.**
Late Reg. – Space is limited to teams with openings. **Requests cannot be considered.**

Coach Request_____ Teammate Request_____

Practice Requests
Please circle 3 - 5 days you are available for practice: MON TUES WED THURS FRI

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 9/1/20:

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