



Winter Outdoor Sports 2021

SCHERTZ FAMILY YMCA & CIBOLO FAMILY YMCA

League age cut-off: Sept. 1, 2020

Important Dates

First Practice: Week of Jan. 4

First Game: Jan. 16 Last Game: Feb. 27

- There will be 7 games total.
- Age divisions may be combined due to low participation. May also be combined with other YMCA's
- Age divisions 13+ have high chance of playing other YMCAs for games and travel is likely.
- All practices will be in your local Y area, including combined Divisions with other YMCA's.

Clinics

☐ Little Kickers (soccer) 2 - 3 yrs Starts in February.

Flag Football (co-ed)

☐ 6 - 8 yrs ☐ 11 - 12 yrs ☐ 9 - 10 yrs

Soccer (co-ed)

□ 3 - 4 yrs	□ 9 - 10 yrs
□ 5 - 6 yrs	□ 11 - 12 yrs
□ 7 - 8 yrs	□ 13 - 14 yrs

YOUTH SPORTS PROGRAM FEES

General Reg.	Late Reg.	Wait List Period	Amount Paid	
Nov. 2 - Dec. 6	Dec. 7 - 20	Dec. 21 - Jan. 1		
Little Kickers Clinic		Registration		
\$70		IN-BRANCH ONLY Spots are limited to availability. Payment will be taken	\$	
Soccer & Flag Football when assigned to		when assigned to a		
\$120	\$135	Team. \$160	\$	
Y Member Rat	\$			
Donate to	\$			
	\$			
Financial Assistance is available through our Open Doors Scholarship Program.				

GIVE. GROW. INSPIRE. **VOLUNTEER.**

I takes a big heart to help shape little minds.

Parents like you make up the majority of our Volunteer Coaches - consider volunteering to be a Youth Sports Coach, email sportsinfo@ymcasatx.org to get started today!

REQUESTS

General Reg. – All Coach and Player requests must be turned in by **Dec. 6, 2020. Requests are not guaranteed. Late Reg. –** Coaches and player **requests will be taken but are not guaranteed.**

Wait List Period – In branch only, space may not be available. Payment taken if assigned to a team. Fee increase due to associated costs with last minute placement.

Coach Request

Teammate Request_

Practice Requests

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



My child is a :	Returning Player/New Player	Player DOB:	/ /	Age on 9/1/20:	
Player Last Nam	e:	First Name:			Gender:
Mailing Address	:	City:		Zip:_	
Home Ph:					
What school do	es the player attend?:				
Parent/Guardia	n 1:	DOB):	Cell Ph:	
Email:		Employer:		Work Ph:	
☐ I would like	e to volunteer as a Coach/A	ssistant Coach.			
Parent/Guardia	n 2:	DOB	:	Cell Ph:	
Email:		Employer:		Work Ph:	
□ I would like	to volunteer as a Coach/As	ssistant Coach.			
How did you h	near about us?				
☐ Friend ☐ E-	mail 🗆 Direct Mailer 🗀 Fl	yer 🗆 Social Media 🛭	☐ Other:		
	and the PI	nfo will be shared to ayerSpace platfort dge that the email p	m.		ff



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