



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Winter Sports Clinics 2021

MAYS FAMILY YMCA AT STONE OAK

General Info

- Clinics start week of Jan. 25
- Clinics end Feb. 19
- Meets 1x week for 4 weeks

Little Dribblers (ages 3 - 4)

- ☐ Monday at 5:30 - 6:15p
- ☐ Friday at 6:30 - 7:15p

Held at the Thousand Oaks Family Y
(16103 Henderson Pass, San Antonio, TX 78232)

Little Receivers (ages 3 - 6)

- ☐ Friday at 5:30p

YOUTH SPORTS CLINIC FEES

Registration Jan. 4 - 22	Amount Paid
Sports Clinics	
\$75	\$
Y Member Rate: \$20 off clinics	\$
Donate to help other children enjoy youth sports	\$
TOTAL	\$
Financial Assistance is available through our Open Doors Scholarship Program.	

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