



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Summer Sports Clinics 2021

## SCHERTZ FAMILY YMCA & CIBOLO FAMILY YMCA

### YOUTH SPORTS CLINIC FEES

#### General Info

- Clinics start week of June 14
- End week of July 5
- Meets 1x week for 4 weeks

#### Soccer Clinic

Teaches the fundamentals and basic skills of soccer.

- Ages 3 -4 (Tuesdays at 6:30 -7:15pm)
- Ages 5-6 (Thursdays at 6:30 -7:30pm)

#### Football Clinic

Teaches the fundamentals and basic skills of football.

- Ages 5-6 (Wednesdays at 6:30 -7:30pm)

#### Baseball Clinic

Teaches the fundamentals and basic skills of Baseball.

- Ages 5 -6 (Wednesdays at 6:30 - 7:30pm)
- Ages 3 - 4 (Thursdays at 6:30 - 7:15pm)

#### Session 1

General Registration	Late Registration	Amount Paid
May 3 - 31	June 1 - 14	
Sports Clinics		
\$70	\$85	\$
Y Members receive \$15 off		(\$ )
Donate to help other children enjoy youth sports		\$
<b>TOTAL</b>		\$
<b>Financial Assistance is available through our Open Doors Scholarship Program.</b>		

Kids will participate in 4 week clinics tailored to specific age groups and sports.

Our younger groups (ages 3-6) are more focused on skill building and fun. This is a great way to get your kids introduced to a sport or continue their skill building in order to improve their team experience for the next season.



# 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