

Fall Outdoor Sports Leagues 2021

YMCA AT O.P. SCHNABEL PARK

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First Practice: Week of Sept. 13

First Game: Sept. 25 Last Game: Nov. 13

- There will be 8 games total.
- Age divisions may be combined due to low participation and with other YMCA's for games, travel is likely.
- · Age divisions 11+ 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.

Soccer				
\square Boys \square	Girls	CO-ED		
□ 3 - 4 yrs □ 5 - 6 yrs □ 7 - 8 yrs	□ 9 - 10 yrs □ 11 - 12 yrs	□ 13 - 15 yrs		
Flag Football (co-ed)				

☐ 9 - 10 yrs team max 14

☐ 7 - 8 yrs □ 11 - 12 yrs

Baseball (co-ed)

- ☐ 3 4 yrs (T-Ball)
- ☐ 5 6 yrs (T-Ball/Coach Pitch)
- ☐ 7 8 yrs (Machine Pitch)

YOUTH SPORTS PROGRAM FEES

General Reg.	Late Reg.	Wait List Period	Amount Paid	
July 19 - Aug. 16	Aug. 17 - Aug. 30	Aug. 31 - Sept.10		
Outdoor Leagues				
\$130	\$145	ONLINE ONLY Spots are limited to availability. No requests. \$170	\$	
Y	\$			
Donate to	\$			
	\$			
Financial Assistance is available through our Open Doors Scholarship Program.				

GIVE. GROW. INSPIRE. VOLUNTEER.

It 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 Aug. 16, 2021. Requests are not quaranteed. Late Reg. - Coaches and player requests will be taken but are not guaranteed.

Wait List Period - Online only, subject to availability. No request will be taken.

Coach Request	Teammate Request
Drostice Deguests	

Practice Requests

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

My child is a: Returning	g Player/New Player Player	DOB: / /	Age on 9/1/21:
Player Last Name:		_ First Name:	Gender:
Mailing Address:		City:	Zip:
Home Ph:			
What school does the pla	ayer attend?:		
Parent/Guardian 1:		DOB:	Cell Ph:
Email:	E	mployer:	Work Ph:
□ I would like to volur	nteer as a Coach/Assistant	Coach.	
Parent/Guardian 2:		DOB:	Cell Ph:
Email:	E	mployer:	Work Ph:
☐ I would like to volun	teer as a Coach/Assistant	Coach.	
How did you hear abo	ut us?		
□ Friend □ E-mail □ I	Direct Mailer 🗆 Flyer 🗀 S	ocial Media $\;\square$ Other: $_$	
	Program info will and the PlayerSp	•	emails from Y Staff
		t the email provided b	pelow 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