



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Fall 3v3 Basketball Leagues 2021

SCHERTZ FAMILY YMCA

League age cut-off: Sept. 1, 2021

Important Dates

Games begin: Sept. 29

Last Game: Nov 3

- There will be multiple games played per night.
- Age divisions may be combined due to low participation and with other YMCA's for games.
- Games only

3v3 Basketball (co-ed)

- ☐ Ages 9 - 10 (Wednesdays 6pm - 7pm)
- ☐ Ages 11 - 12 (Wednesdays 7pm - 8pm)

YOUTH SPORTS LEAGUE FEES

General Registration	Late Registration	Amount Paid
Aug 17 - Sept. 10	Sept. 11 - Sept. 26	
Basketball (co-ed)		
\$120	\$135	\$
Y Members receive \$30 off		(\$)
Donate to help other children enjoy youth sports		\$
TOTAL		\$
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!

Participants will play in a 5 week series where they will be learning the fundamentals of teamwork and team chemistry while also focusing on their personal growth through game play. Teams will be made up of 5 and will change constantly. This allows participants to play alongside different skill sets.

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