



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Fall Indoor Sports Leagues 2021

DAVIS-SCOTT FAMILY YMCA

League age cut-off: Sept. 1, 2021

Important Dates

First Practice: Week of Sept. 27

First Game: Oct. 9

Last Game: Dec. 4

- 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.

Basketball (co-ed)

- 11 - 12 yrs
- 13 - 14 yrs
- 15 - 17 yrs

YOUTH SPORTS PROGRAM FEES

General Reg.	Late Reg.	Amount Paid
Aug. 2 - Aug. 30	Aug. 31 - Sept. 10	
Basketball		
\$45	\$55	\$
Y Member Rate: \$10 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!

REQUESTS

General Reg. - All Coach and Player requests must be turned in by **Aug. 30, 2021. Requests are not guaranteed.**

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 _____

Practice Requests

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



REGISTRATION

My child is a : Returning 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 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