## Adult CO-ED Spring Volleyball League 2024

**MAYS FAMILY YMCA AT POTRANCO**

League minimum age: 18 years old

### Important Dates
- **First Game:** April 14
- **Last Game:** May 19

### PROGRAM FEE

<table>
<thead>
<tr>
<th>General Reg.</th>
<th>Amount Paid</th>
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<tbody>
<tr>
<td>Jan. 15 – April 7</td>
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<table>
<thead>
<tr>
<th>Indoor League</th>
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<tbody>
<tr>
<td>$65</td>
<td>$</td>
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| Y Member Rate: $15 off | $ |

| Donate to help other children enjoy youth sports | $ |

| TOTAL | $ |

Financial Assistance is available through our Open Doors Scholarship Program.

- Games will be played on Sundays
- There will be 6 games total.
- Games beginning at 1pm
- Best out of 3 games
- Max team size is 10 players
- Must have minimum of 3 women on the court.
REGISTRATION

Player Last Name: __________________________ First Name: __________________________ Gender: ______

DOB: __________________________

Mailing Address: __________________________ City: __________________________ Zip: __________

Home #: __________________________

Emergency Contact __________________________ Cell #: __________________________

Email: __________________________ Employer: __________________________

Work #: __________________________

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 any 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 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. 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 processing fee on all refunds/credits. Once practice begins only 50% refund will be given if available. Once games begin no refunds are given. Any credits not utilized within 1 year of issuance will be forfeited.

________________________________________  ______________________________________
Participants Signature Date

Player Last Name: __________________________
First Name: __________________________
DOB: __________________________

Mailing Address: __________________________
City: __________________________
Zip: __________

Home #: __________________________

Emergency Contact __________________________

Relation __________________________

Cell #: __________________________

Email: __________________________

Employer: __________________________

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