

# Fall Indoor Sports Leagues 2024 DAVIS-SCOTT FAMILY YMCA

League age cut-off: Sept. 1, 2024

#### **Important Dates**

First Practice: Week of Sept. 23 First Game: Oct. 5 Last Game: Nov. 16

- There will be 7 games total.
- Certain age divisions may be combined and have a high chance of playing other YMCA's for games due to low participation, travel is required.
- All practices will be in your local Y area.
- Games will be played at DAVIS–SCOTT, WESTSIDE, and WALZEM FAMILY YMCA's.

# **Basketball**

- 🗆 5 6 yrs
- □ 7 8 yrs □ 9 – 10 yrs
- □ 13 14 yrs □ 15 - 17 yrs

□ 11 - 12 yrs

General Reg	Late Reg.	Last Call	Amount Paid			
July 8 – Aug. 5	Aug. 6 - 19	Aug. 20 - Sept. 16				
Basketball						
\$50	\$65	Registration ONLINE ONLY Spots are limited to availability. No requests. \$80	\$			
	\$					
Dona	\$					
	\$					
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 **wsdssports@ymcasatx.org** to get started today or scan the QR code!



#### REQUESTS

General Reg. – All Coach and Player requests must be turned in by Aug. 5, 2024. Requests will be taken but are not guaranteed. Late Reg. – Coaches and player requests are not guaranteed. Wait List Period – Online only, subject to availability. No request will be taken.

Coach Request

Teammate Request

MON TUES WED THURS FRI

#### Practice Requests

Please circle 3 – 5 days you are available for practice:

YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.



### YOUTH SPORTS PROGRAM FEES

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My child is a :	Returning Player/New Player	Player DOB:	/ /	Age on 9/1/2	4:
Player Last Na	ame:	First Name	:		Gender:
Mailing Addre	SS:	City:			_Zip:
Home #:					
What school o	does the player attend?:				
•	icipant participated in YMC/ as the last season they play	•		ummer Fall Win	ter
	nd that if I do not have a reve f needed):	rsible jersey from a pri	or season t	hat still fits, I will r	need to purchase one.
<b>Experience L</b> Please circle	<b>.evel</b> the players current experier	ice level: Never Playe	d 0-2 ye	ars 2+ years	
Parent/Guard	ian:	D	ОВ:	Cell #:	
Email:		Employer:_			
Work #:					
🗆 I would lil	ke to volunteer as a Head Coa	ach.			
🗆 I would lil	ke to volunteer as an Assista	nt Coach.			
How did you	hear about us?				
🗆 Friend 🗆 E	-mail 🛛 Direct Mailer 🗌 Fly	ver 🗆 Social Media 🛛	Other:		
Λ	•	nfo will be share Space platform.	d throu	gh emails fro	m Y Staff and
	l acknowled	dge that the emai	l provid	ed below is co	orrect.

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 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.