FOR YOUTH DEVELOPMENT®

Amount

FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Fall Indoor Sports 2024

SCHERTZ FAMILY YMCA & CIBOLO FAMILY YMCA

General Req.

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.
- Age divisions may be combined due to low participation and with other YMCA's for games, travel is likely.
- All practices will be in your local Y area, including combined Divisions with other YMCA's.

Basketball

\square 7 – 8 yrs ☐ 11 – 12 yrs □ 9 - 10 vrs *Games will be played at Schertz Family YMCA Volleyball ☐ 7 – 8 yrs

Late Req.

YOUTH SPORTS PROGRAM FEES

Last Call

July 8 - Aug. 5	Aug. 6 - 19	Aug. 20 – Sept. 16	Paid			
Indoor League		Registration				
\$135	\$155	ONLINE ONLY Spots are limited to availability. No requests. \$175	\$			
Y Me	\$					
Donate	\$					
	\$					
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 ciboloschertzsports@ymcasatx.org to get started today or scan the QR code!



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□ 9 - 10 yrs

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.

☐ 11 – 12 yrs

☐ 13 - 15 yrs

Coach Request_ **Teammate Request**

Practice Requests

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



My child is a: Returning Player/New Player	Player DOB:	/ /	Age on 9/1/24:	
Player Last Name:	First Name:			Gender:
Mailing Address:	City:		Zip	o:
Home #:				
What school does the player attend?:				
Has this participant participated in YMCA If so, when was the last season they playe	•		ner Fall Winter	
I understand that if I do not have a reversely Size (if needed):	rsible jersey from a prior	season that	still fits, I will need	d to purchase one.
Experience Level Please circle the players current experien	ce level: Never Played	0-2 years	2+ years	
Parent/Guardian:	DOI	3:	Cell #:	
Email:	Employer:			
Work #:				
☐ I would like to volunteer as a Head Coa	ich.			
☐ I would like to volunteer as an Assistar	nt Coach.			
How did you hear about us?				
☐ Friend ☐ E-mail ☐ Direct Mailer ☐ Fly	er 🗆 Social Media 🗀 O	ther:		
Program in	fo 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 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.

Parent's Signature

Date