

FOR YOUTH DEVELOPMENT®

FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING INTRO TO SPORTS LEAGUES 2025

MAYS FAMILY YMCA AT POTRANCO

League age cut-off: Sept. 1, 2024

Important Dates

Season Begins: Week of April 4

Season Ends: May 17

• 6 games total

• 30 minute practice followed by a full game

Intro to Soccer (Fridays)

3 - 4 yrs (co - ed)

□ 5:30pm - 6:30pm

Intro to Soccer (Saturdays)

□ 3 - 4 yrs (co - ed)

Intro to Flag Football (Saturday Afternoons)

□ 5 - 6 yrs (co - ed)

YOUTH SPORTS PROGRAM FEES

General Reg	Late Reg.	Last Call	Amount Paid	
Jan. 13 - Feb. 10	Feb. 11 - 24	Feb. 25 - March 21		
Intro to Sports				
\$95	\$120	Registration ONLINE ONLY Spots are limited to availability. No requests. \$135	\$	
	\$			
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 potrancosports@ymcasatx.org to get started today or scan the QR code!



REQUESTS

General Reg. - All Coach and Player requests must be turned in by **Feb. 10, 2025. Requests are not guaranteed. Late Reg.** - Coaches and player **requests will be taken but are not guaranteed.**

Last Call Period – Online only, subject to availability. No request will be taken.

Coach Request T	Feammate Request
-----------------	------------------

REGISTRATION

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	:			
Home #:							
What school does the player attend?:							
Has this participant participated in YMCA sports before? YES or NO If so, when was the last season they played (Please circle one): Spring Summer Fall Winter							
☐ I understand that if I do not have a rever Jersey Size (if needed):	sible jersey from a prior	season tha	at still fits, I will need	to purchase one.			
Experience Level Please circle the players current experience	ce level: Never Played	0–2 year	s 2+ years				
Parent/Guardian:	DOI	В:	Cell #:				
Email:Employer:							
Work #:							
☐ I would like to volunteer as a Head Coa	ch.						
☐ I would like to volunteer as an Assistan	t 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 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.