

# **Spring Indoor Sports Leagues 2025**

### **MAYS FAMILY YMCA AT POTRANCO**

#### League age cut-off: Sept. 1, 2024

Important Dates First Practice: Week of March 17 First Game: March 29 Last Game: May 17

- A total of 7 games will be played indoors.
- Weekday practices will be held on the outdoor court at the Potranco YMCA.
- Certain age divisions may be combined and have a high chance of playing other YMCA's for games due to low participation, travel is likely.

#### Volleyball

🗆 7 – 8 yrs	🗆 11 – 12 yrs
🗌 9 – 10 yrs	🗆 13 – 15 yrs

\*30 minute practice followed by a full game for 7 – 8 yrs only.

General Reg.	Late Reg.	Last Call	Amount	
Jan. 13 – Feb. 10	Feb. 11 - 24	Feb. 25 - March 21	Paid	
Volleyball		Registration		
\$140	\$160	ONLINE ONLY Spots are limited to availability. No requests. \$180	\$	
ΥM	\$			
Dona	\$			
TOTAL			\$	
Financial Assistance is available through our Open Doors Scholarship Program.				

GIVE. GROW. INSPIRE.	It takes a big heart to help shape little minds. Parents like you make up the majority	
VOLUNTEER.	of our Volunteer Coaches – consider volunteering to be a Youth Sports Coach, email <b>potrancosports@ymcasatx.org</b> 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 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		Teamma	ite Requ	est	
Practice Requests					
Please circle 3 – 5 days you are available for practice:	MON	TUES	WED	THURS	FRI

### YOUTH SPORTS PROGRAM FEES

## **REGISTRATION**

My child is a :	Returning Player/New Player	Player DOB:	/	/ Age on 9/1	/24:
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	•		iummer Fall Wi	nter
	nd that if I do not have a reve f needed):	ersible jersey from a pri	or season	that still fits, I wil	I need to purchase one.
<b>Experience l</b> Please circle	<b>.evel</b> the players current experier	nce level: Never Playe	d 0-2 ye	ears 2+ years	
Parent/Guard	lian:	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	igh emails fr	om Y Staff and
	l acknowled	dge that the emai	l provid	led below is c	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.