

FOR YOUTH DEVELOPMENT®

FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FALL INTRO TO SPORTS LEAGUES 2025

YMCA AT O.P. SCHNABEL PARK

League age cut-off: Sept. 1, 2025

Important Dates

Season Begins: Week of Sept.26

Season Ends: Oct. 316 games total

· 30 minute practice followed by a full game

Intro to Soccer (Fridays)

3 - 4 yrs (co - ed)

□ 5:00pm - 6:00pm

☐ 6:00pm - 7:00pm

Intro to Flag Football (Saturday Afternoons)

☐ 5 - 6 yrs (co - ed) • 1pm - 2pm

YOUTH SPORTS PROGRAM FEES

General Reg	Late Reg.	Last Call	Amount		
July 7 - Aug. 4	Aug. 5 - 18	Aug. 19 - Sept. 12	Paid		
Intro to Sports					
\$95	\$110	Registration ONLINE ONLY Spots are limited to availability. No requests. \$130	\$		
	\$				
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 opsports@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. 4, 2025. Requests are not guaranteed. Late Reg.** – Coaches and player **requests will be taken but are not guaranteed.**

Coach Request Teammate Request



REGISTRATION

My child is a :	Returning Player/New Player	Player DOB:	/ /	Age on 9/1/2	25:		
Player Last Nam	ne:	First Name:			Gender:		
Mailing Address	5 :	City:			_ Zip:		
Home #:							
	es the player attend?:						
•	ipant participated in YMCA s the last season they playe	•		ummer Fall Win	ter		
	I that if I do not have a reve needed):	rsible jersey from a prio	r season t	hat still fits, I will rا:	need to purchase one. ■		
*Reversible red/grey jerseys must be purchased separately for the following leagues: Baseball, Softball, Volleyball, Flag Football, Soccer, and Intro to Sports.							
Scan to purchase Experience Level							
Please circle th	ne players current experier	ice level: Never Played	0-2 ye	ars 2+ years			
Parent/Guardia	an:	DC)B:	Cell #: _			
Email:		Employer:					
Work #:							
☐ I would like	e to volunteer as a Head Coa	ach.					
☐ I would like to volunteer as an Assistant Coach.							
How did you h	ear about us?						
☐ Friend ☐ E-r	mail $\;\square$ Direct Mailer $\;\square$ Fly	er 🗆 Social Media 🗀 (Other:				
A	Program info will be s I acknowledge that the email:	email provided below	is correct	t.	yerSpace platform.		

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