



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## MULTI-SPORT INTRODUCTORY SERIES

### YMCA AT O.P. SCHNABEL PARK

League age cut-off: Sept. 1, 2024

#### Important Dates

Clinics Begins: Week of Sept. 22

Clinics End: Oct. 30

- 6 sessions total
- 2-3 yrs: 3 sessions soccer / 3 sessions t-ball
- Clinics will take place 1x per week

#### Multi-Sport (Ages 2 -3)

- ☐ 4:45pm - 5:30pm (Wednesdays)
- ☐ 4:45pm - 5:30pm (Thursdays)

#### YOUTH SPORTS PROGRAM FEES

General Reg.	Late Reg.	Amount Paid
July 7 - Aug. 4	Aug. 5 - Sept. 16	
Multi-Sports		
\$85	\$95	\$
Y Member Rate: \$20 off leagues		\$
Donate to help other children enjoy youth sports		\$
TOTAL		\$
Financial Assistance is available through our Open Doors Scholarship Program.		

# REGISTRATION

My child is a : Returning Player/New Player Player DOB: / / Age on 9/1/25:

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 reversible jersey from a prior season that still fits, I will need to purchase one.  
Jersey Size (if needed): \_\_\_\_\_

## Experience Level

Please circle the players current experience level: Never Played 0-2 years 2+ years

Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

☐ I would like to volunteer as a Head Coach.

☐ I would like to volunteer as an Assistant 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.**

Parent's Signature

Date