

FALL INTRO TO SPORTS LEAGUES 2025 MAYS FAMILY YMCA AT POTRANCO

League age cut-off: Sept. 1, 2024

Important Dates Season Begins: Week of Sept. 19 Season Ends: Oct. 24

• 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)

Intro to Flag Football (Saturday Afternoons)

General Reg	Late Reg.	Last Call	Amount	
July 7 – Aug. 4	Aug. 5 - 18	Aug. 19 – Sept. 12	Paid	
Intro to Sports				
\$90	\$110	Registration ONLINE ONLY Spots are limited to availability. No requests. \$130	\$	
Y Member Rate: \$15 off			\$	
Donate to help other children enjoy youth sports			\$	
	\$			
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 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 **Aug. 4, 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 ____

_____ Teammate Request ____



YOUTH SPORTS PROGRAM FEES

	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 If so, when was the last season they playe	•	nmer Fall Winter
I understand that if I do not have a rever Jersey Size (if needed):	rsible jersey from a prior season th	at still fits, I will need to purchase one.
*Reversible red/grey jerseys must be purchas Baseball, Softball, Volleyball, Flag Football, So		
Experience Level		Scan to purchase
Please circle the players current experien	ce level: Never Played 0-2 year	rs 2+ years
Parent/Guardian:	DOB:	Cell #:
Email:	Employer:	
Work #:		
I would like to volunteer as a Head Coa	ich.	
□ I would like to volunteer as an Assistan	nt Coach.	
How did you hear about us?		
🗆 Friend 🗆 E-mail 🛛 Direct Mailer 🗆 Fly	er 🛛 Social Media 🗆 Other:	
	hared through emails from Y St email provided below is correct.	aff and the PlayerSpace platform.

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.