the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Winter Indoor Sports Leagues 2026

YMCA AT O.P. SCHNABEL PARK

Participating Site for the Spurs Youth Basketball League

League age cut-off: Sept. 1, 2025

Important Dates
Meet & Greet: Jan. 10
First Practice/Game: Jan. 17
Last Game: Feb. 28

- There will be 7 games total.
- YMCA but certain age divisions may be combined. Chance of playing at other YMCA's for games.

Basketball (Saturdays Only)

Co-ed
☐ 5 - 6 yrs
☐ 7 - 8 yrs
☐ 9 - 10 yrs

YOUTH SPORTS PROGRAM FEES

General Reg.	Late Reg.	Amount Paid
Dec. 9 - Jan. 5	Jan. 6 - 16	
Basketball		
$147	$167	$
Y Member Rate: $35 off leagues		$
Donate to help other children enjoy youth sports		$
TOTAL		$
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!

REQUESTS

General Reg. - All Coach and Player requests must be turned in by **Dec. 2, 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 _____ Teammate Request _____

YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

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?: _____

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