



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Summer Sports Clinics 2026

MAYS FAMILY YMCA AT STONE OAK

General Info

- Clinics start week of July 6
- Clinics end week of July 27
- Meets 1x week for 4 weeks

Soccer Clinic

Teaches the fundamentals and basic skills of soccer.

- Ages 3-4 yrs at 6pm-6:45pm on Mondays
- Ages 5-6 yrs at 7pm-8pm on Mondays

Baseball Clinic

Teaches the fundamentals and basic skills of baseball.

- Ages 3-4 yrs at 6pm-6:45pm on Thursdays
- Ages 5-6 yrs at 6pm-7pm on Thursdays
- Ages 7-9 yrs at 7pm-8pm on Thursdays

Flag Football Clinic

Teaches the fundamentals and basic skills of flag football.

- Ages 5-6 yrs at 6pm-7pm on Thursdays
- Ages 7-8 yrs at 7:15pm-8:15pm on Thursdays

YOUTH SPORTS CLINIC FEES

Session 2

General Registration	Late Registration	Amount Paid
April 6 - June 15	June 16 - July 3	
Sports Clinics		
\$79	\$89	\$
Y Members receive \$15 off		(\$)
Donate to help other children enjoy youth sports		\$
TOTAL		\$
Financial Assistance is available through our Open Doors Scholarship Program.		

Add-on Activities

Youth Speed & Strength Training 1x Week Led by certified Personal Trainers (Sport Specific)	<ul style="list-style-type: none"> • Soccer • Strength & Conditioning 	Would like more info <input type="checkbox"/>
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Kids will participate in 4 week clinics tailored to specific age groups and sports.

Our younger groups (ages 3-6) are more focused on skill building and fun. This is a great way to get your kids introduced to a sport or continue their skill building in order to improve their team experience for the next season.

Our older groups clinics (ages 7 -14) will participate in advanced drills and mini games designed to improve their skills and improve their abilities in competition.



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**

Experience Level

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

Parent/Guardian: _____ DOB: _____ Cell #: _____

Email: _____ Employer: _____

Work #: _____

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