FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Winter Sports Clinics 2027

SCHERTZ FAMILY YMCA & CIBOLO FAMILY YMCA

General Info

- Clinics start week of Feb. 2
- Meets 1x week for 4 weeks

Soccer Clinic (Schertz)

Teaches the fundamentals and basic skills of soccer.

☐ Ages 3-4 (Tuesdays at 5:30 - 6:15pm)

☐ Ages 5-6 (Tuesdays at 6:15 - 7:00pm)

Baseball Clinic

Teaches the fundamentals and basic skills of Baseball.

☐ Ages 3-4 (Thursdays at 5:30 - 6:15pm)

☐ Ages 5-6 (Thursdays at 6:15 - 7:00pm)

Session 1

General Registration	Late Registration	Amount Paid
Dec. 21 - Jan. 11	Jan. 12 - Feb. 5	
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.

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.

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 9/1/26:

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