



# **Summer Sports Clinics 2024**

## MAYS FAMILY YMCA AT STONE OAK & THOUSAND OAKS FAMILY YMCA

# **General Info**

- Clinics start week of June 3
- Meets 1x week for 4 weeks

#### **Soccer Clinic**

Teaches the fundamentals and basic skills of soccer.

□Tuesday

□Thursday

☐ Ages 3-4 (6 - 6:45pm)

☐ Ages 5-6 (7 - 8pm)

#### **Baseball Clinic**

Teaches the fundamentals and basic skills of baseball.

□Tuesday

□Thursday

☐ Ages 3-4 (6 - 6:45pm)

☐ Ages 5-6 (7 - 8pm)

#### **Football Clinic**

Teaches the fundamentals and basic skills of football.

 $\square$  Ages 7-10 (Wednesdays at 6 - 7pm)

☐ **Ages 11–13** (Wednesdays at 7:15 – 8:15pm)

#### YOUTH SPORTS CLINIC FEES

Session 1				
General Registration	Late Registration		Amount Paid	
April 8 - May 6	May 7 - June 3			
Sports Clinics				
\$75	\$90	\$		
Y Members receive \$20 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	• Basketball	Would like more info
Training 1x Week	• Soccer	
Led by certified Personal	• Volleyball	
Trainers (Sport Specific)	• Strength & Conditioning	

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 9/1/23				
Player Last Name:	First Name:			Gender:			
Mailing Address:	City:		Zip: _				
Home Ph:							
What school does the player attend?:							
Parent/Guardian:	DOB:	-	CellPh:				
Email:	Employer:		Work Ph:				
☐ I would like to volunteer as a Head Coach	ı <b>.</b>						
☐ 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.

#### **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