



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FALL INTRO TO SPORTS LEAGUES 2024

SCHERTZ FAMILY YMCA & CIBOLO FAMILY YMCA

League age cut-off: Sept. 1, 2024

Important Dates

Season Begins: Week of Sept. 23

Season Ends: Nov. 2

- 6 games total
- 30 minute practice followed by a full game

Intro to Soccer (Saturdays)

- 3 - 4 yrs (co - ed)

*Games will be played at either
9am or 10am

Intro to Flag Football (Saturday Afternoons)

- 5 - 6 yrs (co - ed)

Intro to Basketball

- 3 - 4 yrs (Wednesdays at 5:30pm)
- 5 - 6 yrs (Fridays)
- 5:00pm - 6:00pm
- 6:00pm - 7:00pm

YOUTH SPORTS PROGRAM FEES

General Reg	Late Reg.	Last Call	Amount Paid
July 8 - Aug. 5	Aug. 6 - 19	Aug. 20 - Sept. 2	
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			\$
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 ciboloschertzsports@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. 5, 2024**. 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 _____



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?: _____

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**

I understand that if I do not have a reversible jersey from a prior season that still fits, I will need to purchase one.
Jersey Size (if needed): _____

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