



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Fall Indoor Clinics 2024

MAYS FAMILY YMCA AT STONE OAK & THOUSAND OAKS FAMILY YMCA

League age cut-off: Sept. 1, 2024

Important Dates

Clinics begin: Oct. 5

Clinics End: Nov. 16

- Meet 1x per week

Volleyball (co - ed)

Teaches the fundamentals and basic skills of Volleyball.

- Ages 7-8 (Saturdays at 8:30am - 9:30am)

YOUTH SPORTS PROGRAM FEES

General Reg.	Late Reg.	Amount Paid
July 8 - Aug. 5	Aug. 6 - 19	
Volleyball		
\$100	\$120	\$
Y Member Rate: \$20 off leagues		\$
Donate to help other children enjoy youth sports		\$
TOTAL		\$
Financial Assistance is available through our Open Doors Scholarship Program.		

Participants will play in a 6 week series where they will be learning the fundamentals of teamwork and team chemistry while also focusing on their personal growth through game play. Teams will be made up of 3 and will change constantly. This allows participants to play alongside different skill sets.



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