

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING

FOR SOCIAL RESPONSIBILITY

Summer Indoor Sports Leagues 2025 BOERNE FAMILY YMCA

League age cut-off: Sept. 1, 2024

Important Dates
Meet & Greet: June 7
First Practice/Game: June 21

Last Game: Aug. 3

- · There will be 6 games total
- Games will be played on Saturday or Monday evenings.
- No game July 5

Basketball (co-ed)

□ 5 - 6yrs

□ 7-9yrs

YOUTH SPORTS PROGRAM FEES

| General Reg. | Late Reg. | Last Call Period | Amount Paid | |
|---|------------|---|----------------|--|
| April 7 - May 5 | May 6 – 15 | May 20 - June 6 | | |
| Basketball | | Registration | | |
| \$140 | \$160 | ONLINE ONLY Spots are limited to availability. No requests. \$180 | \$ | |
| Y Member Rate: \$40 off leagues | | | \$ | |
| 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 boerne@ymcasatx.org to get started today or scan the QR code!



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| General Reg All Coach and Player requests must be turned in by May 5, 2025. 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 | |
|---------------|------------------|---|
| • | • | _ |



| 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 YMC/ If so, when was the last season they play Experience Level | • | | mer Fall Winter | |
| Please circle the players current experier | nce level: Never Played | 0-2 years | s 2+ years | |
| Parent/Guardian: | DOE | 3: | Cell #: | |
| Email: | Employer: | | | |
| Work #: | | | | |
| ☐ I would like to volunteer as a Head Co | ach. | | | |
| ☐ I would like to volunteer as an Assista | nt Coach. | | | |
| How did you hear about us? | | | | |
| \square Friend \square E-mail \square Direct Mailer \square Fly | rer □ Social Media □ Ot | ther: | | |
| | nfo will be shared Space platform. | through | n emails from Y | Staff and |



email:

I acknowledge that the email provided below is correct.

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