

FOR YOUTH DEVELOPMENT®

FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

# Summer Indoor Sports Leagues 2025

## **DAVIS-SCOTT FAMILY YMCA**

League age cut-off: Sept. 1, 2024

### **Important Dates** First Practice: June 2 First Game: June 14 Last Game: Aug. 2

- There will be 7 games total.
- · Certain age divisions may be combined and have a high chance of playing other YMCA's for games due to low participation, travel is required.
- All practices will be in your local Y area.
- Games will be played at DAVIS-SCOTT, WESTSIDE, and WALZEM FAMILY YMCA's.
- No games/practices week of July 5

### **Basketball CO-ED**

□ 5 – 6 yrs	☐ 11 - 12 yrs
☐ 7 – 8 yrs	□ 13 - 14 yrs
$\square$ 9 – 10 vrs	☐ 15 - 17 vrs

#### YOUTH SPORTS PROGRAM FEES

General Reg	Late Reg.	Last Call Amount		
April 7 - May 5	May 6 - 19	May 20 - June 6	Paid	
Basketball				
\$55	\$70	Registration ONLINE ONLY Spots are limited to availability. No requests. \$85	\$	
Y Member Rate: \$10 off			\$	
Donate to help other children enjoy youth sports			\$	
	\$			
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 wsdssports@ymcasatx.org to get started today or scan the OR code!



#### **REQUESTS**

General Reg. - All Coach and Player requests must be turned in by May 5, 2025. Requests will be taken but are not guaranteed. Late Req. - Coaches and player requests are not quaranteed.

Wait List Period - Online only, subject to availability. No request will be taken.

Coach Request Teammate Request

**Practice Requests** 

Please circle 3 - 5 days you are available for practice: MON TUES WED THURS FRI



My child is a: Returning Player/New Player	Player DOB:	/ /	Age on 9/1/24:	
Player Last Name:	First Name:			Gender:
Mailing Address:	City:		Z	ip:
Home #:				
What school does the player attend?:				
<b>Experience Level</b> Please circle the players current experien	ce level: Never Played	0-2 year	rs 2+ years	
Parent/Guardian:	DOF	3:	Cell #:	
Email:	Employer:			
Nork #:				
☐ I would like to volunteer as a Head Coa	ach.			
☐ I would like to volunteer as an Assista	nt Coach.			
low did you hear about us?				
$\square$ Friend $\square$ E-mail $\square$ Direct Mailer $\square$ Fly	er 🗆 Social Media 🗀 O	ther:		
Program in	fo will be shared	throug	h emails from	Y Staff an
the Players	Space 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