

Summer Indoor Sports Leagues 2025 **SCHERTZ FAMILY YMCA & CIBOLO FAMILY YMCA**

League age cut-off: Sept. 1, 2023

Important Dates

First Practice: Week of June 2 First Game: June 14 Last Game: Aug. 2

- There will be 7 games total.
- Age divisions may be combined due to low participation and with other YMCA's for games, travel is likely.
- All practices will be in your local Y area, including combined Divisions with other YMCA's.
- No games/practices week of July 4

YOUTH SPORTS PROGRAM FEES

General Reg.	Late Reg.	Last Call Period	Amount				
April 7 – May 5	May 6 – `19	May 20 – June 2	Paid				
Basketball		Registration					
\$135	\$155	ONLINE ONLY Spots are limited to availability. No requests. \$175	\$				
Y Mei	\$						
Donate	\$						
	\$						
Financial Assistance is available through our Open Doors Scholarship Program.							

Basketball (co-ed)

🗆 5 – 6 yrs □ 7 – 8 yrs

🗌 11 – 12 yrs 🗌 13 – 14 yrs

🗆 9 – 10 yrs

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 QR code!



REQUESTS

General Reg. - All Coach and Player requests must be turned in by May 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			
Practice Requests					
Please circle 3 – 5 days you are available for practice:	MON	TUES	WED	THURS	FRI



		REGISTRA	ΓΙΟΝ						
My child is a : Ret	urning Player/New Player	Player DOB:	/ /	Age on 9/1/24:					
Player Last Name:		First Nan	le:		Gender:				
Mailing Address:		City:		Zip	:				
Home #:									
What school does	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									
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 Coa	ach.							
I would like to volunteer as an Assistant Coach.									
How did you hea	r about us?								
🗆 Friend 🗆 E-mail 🗆 Direct Mailer 🗆 Flyer 🗆 Social Media 🖾 Other:									
Λ	the Player:	nfo will be shar 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.