

FOR YOUTH DEVELOPMENT®

FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

# Summer Indoor Sports Leagues 2025

## **WESTSIDE 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.

### **Basketball CO-ED**

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

#### YOUTH SPORTS PROGRAM FEES

General Reg	Late Reg.	Last Call	Amount Paid	
April 7 – May 5	May 6 - 19	May 20 - June 2		
Indoor Leagues	Indoor Leagues			
\$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 QR code!



RECUIESTS	Ş

**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.

<b>Coach Request</b>	Teammate Request	
couch request,	 reammate 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 Na	nme:	First Name:			_ Gender:
Mailing Addre	SS:	City:		Zip:	:
Home #:					
What school o	does the player attend?:				
•	icipant participated in YMCA as the last season they play	•		ımer Fall Winter	
	the players current experier	•	,	•	
Parent/Guard	ian:	DOE	3:	Cell #:	
Email:		Employer:			<del></del>
Work #:					
□ I would lil	ke to volunteer as a Head Coa	ach.			
□ I would lil	ke to volunteer as an Assista	nt Coach.			
How did you	hear about us?				
□ Friend □ E-mail □ Direct Mailer □ Flyer □ Social Media □ Other:					
	Program in	fo will be shared	through	n 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