



Spring Indoor Sports Leagues 2024 BOERNE FAMILY YMCA

League age cut-off: Sept. 1, 2023

Important Dates First Practice/Game: April 6 Last Game: May 18

- There will be 7 games total.
- All practices/games will be at your local Churches & Schools.

All practices/games are held on Saturdays only

Volleyball

☐ 7 – 8 yrs

□ 9 - 10 yrs□ 11 - 13 yrs

YOUTH SPORTS PROGRAM FEES

General Reg	Late Reg.	Last Call	Amount		
Jan. 15 - Feb. 19	Feb. 20 - March 4	March 5 - 18	Paid		
\$135 Program Fee + \$20 Uniform Fee + tax (if needed)	\$155 Program Fee + \$20 Uniform Fee + tax (if needed)	Registration ONLINE ONLY Spots are limited to availability. No requests. \$175 Program Fee + \$20 Uniform Fee + tax (if needed)	\$		
YM	\$				
Do	\$				
	\$				
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 boernesports@ymcasatx.org to get started today!

REQUESTS

General Reg All Coach and Player requests must be turned in by Feb. 19, 2024. Requests will be taken but are not guaranteed.
Late Reg Coaches and player requests are not guaranteed.
Wait List Period - Online only, subject to availability. No request will be taken.

Coach Request	_ Teammate Request
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My child is a :	Returning Player/New Player	Player DOB:	/ /	Age on 9/1/23:	
Player Last Na	me:	First Name:			Gender:
Mailing Addre	SS:	City:		Zi	p:
Home #:					
What school d	loes the player attend?:				
•	icipant participated in YMC as the last season they play	•		mer Fall Winter	
	nd that if I do not have a reve needed):	ersible jersey from a prior	season tha	t still fits, I will nee	d to purchase one.
Experience L Please circle t	. evel the players current experier	nce level: Never Played	0–2 years	2+ years	
Parent/Guard	ian:	DOI	З:	Cell #:	
Email:		Employer:			
Work #:					
□ I would lik	ke to volunteer as a Head Co	ach.			
□ I would lik	ke to volunteer as an Assista	nt Coach.			
How did you	hear about us?				
☐ Friend ☐ E-	-mail 🗆 Direct Mailer 🗀 Fly	ver 🗆 Social Media 🗆 O	ther:		
A	Program ir	nfo will be shared	_		



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