



Spring Indoor Sports Leagues 2024 DAVIS-SCOTT FAMILY YMCA

League age cut-off: Sept. 1, 2023

Important Dates

First Practice: Week of March 25

First Game: April 6 Last Game: May 18

- 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.
- Games will be played at DAVIS-SCOTT, WESTSIDE, and WALZEM FAMILY YMCA.
- All practices will be in your local Y area.

Basketball

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

YOUTH SPORTS PROGRAM FEES

	General Reg	Late Reg.	Last Call	Amount Paid
	Jan. 15 - Feb. 19	Feb. 20 - March 4	March 5 - 18	
;	\$50 Program Fee + \$15 Uniform Fee + tax (if needed)	\$65 Program Fee + \$15 Uniform Fee + tax (if needed)	Registration ONLINE ONLY Spots are limited to availability. No requests. \$80 Program Fee + \$15 Uniform Fee + tax (if needed)	\$
		\$		
	Dona	\$		
		\$		
ĺ	Financial Assi	rship 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!

REQUESTS

☐ 11 - 12 yrs

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

Practice Requests

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

United Way

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