



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

4V4 GRASS VOLLEYBALL CLINIC (FRIDAY ONLY)

YMCA AT O.P. SCHNABEL PARK

League age cut-off: Sept. 1, 2024

Important Dates

Clinics Begins: Week of March 31

Clinics End: May 16

- Clinics will take place 1x per week
- No practice/games week of Easter April 14 - 20

YOUTH SPORTS PROGRAM FEES

General Reg.	Late Reg.	Amount Paid
Jan. 13 - Feb. 10	Feb. 11 - March 20	
Grass Volleyball		
\$85	\$95	\$
Y Member Rate: \$15 off leagues		\$
Donate to help other children enjoy youth sports		\$
TOTAL		\$
Financial Assistance is available through our Open Doors Scholarship Program.		

4v4 Grass Volleyball (Friday Only)

- 5:30pm -6:30pm (8-10 yrs)
- 6:45pm -7:45pm (11-13 yrs)



REGISTRATION

My child is a : Returning Player/ New Player Player DOB: _____ / _____ / _____ Age on 9/1/24: _____

Player Last Name: _____ First Name: _____ Gender: _____

Mailing Address: _____ City: _____ Zip: _____

Home #: _____

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**

I understand that if I do not have a reversible jersey from a prior season that still fits, I will need to purchase one.
Jersey Size (if needed): _____

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 Coach.

I would like to volunteer as an Assistant Coach.

How did you hear about us?

Friend E-mail Direct Mailer Flyer Social Media Other: _____



Program info will be shared through 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