



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Fall Indoor Sports 2025

## SCHERTZ FAMILY YMCA & CIBOLO FAMILY YMCA

League age cut-off: Sept. 1, 2025

### Important Dates

**First Practice:** Week of Sept. 22

**First Game:** Oct. 4

**Last Game:** Nov. 15

- 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.

### Basketball

- 7 - 8 yrs                       11 - 12 yrs  
 9 - 10 yrs

### Volleyball

- 7 - 8 yrs                       11 - 12 yrs  
 9 - 10 yrs                       13 - 15 yrs

\*Games will be played at Cibolo Family YMCA

### YOUTH SPORTS PROGRAM FEES

General Reg.	Late Reg.	Last Call	Amount Paid
July 7 - Aug. 4	Aug. 5 - 18	Aug. 19 - Sept. 19	
<b>Indoor League</b>			
\$140	\$160	Registration ONLINE ONLY Spots are limited to availability. No requests.  \$180	\$
Y Member Rate: \$40 off leagues			\$
Donate to help other children enjoy youth sports			\$
<b>TOTAL</b>			\$
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 [ciboloschertzsports@ymcasatx.org](mailto:ciboloschertzsports@ymcasatx.org) to get started today or scan the QR code!



### REQUESTS

**General Reg.** - All Coach and Player requests must be turned in by **Aug. 4, 2025**. 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.

Team Request \_\_\_\_\_ Coach Reques \_\_\_\_\_ Teammate Request \_\_\_\_\_

### Practice Requests

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

**YMCA Mission:** To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.



# REGISTRATION

My child is a :  Returning Player/ New Player    Player DOB:                    /                    /                    Age on 9/1/25:

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): \_\_\_\_\_

\*Reversible red/grey jerseys must be purchased separately for the following leagues:  
Baseball, Softball, Volleyball, Flag Football, Soccer, and Intro to Sports.



Scan to purchase

## 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