



Winter Indoor Sports Leagues 2025

MAYS FAMILY YMCA AT STONE OAK

Participating Site for the Spurs Youth Basketball League

League age cut-off: Sept. 1, 2024

Important Dates Meet & Greet: Jan. 11 First Practice/Game: Jan. 18 Last Game: March 1

- There will be 7 games total.
- Games will be played at local schools/ churches

Basketball	(Saturdays	Only)
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CO-ED 5 - 6 yrs 7 - 8 yrs

General Reg.	Late Reg.	Wait List Period	Amount				
Oct. 28 – Dec. 2	Dec. 3 – 16	Dec. 17 – 30	Paid				
Basketball							
\$135	\$155	ONLINE ONLY Spots are limited to availability. No requests. \$175	\$				
Y Me	\$						
Donate	\$						
	\$						
Financial Assistance is available through our Open Doors Scholarship Program							

YOUTH SPORTS PROGRAM FEES

GIVE. GROW. INSPIRE.

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 stoneoaksports@ymcasatx.org to get started today!

REQUESTS

General Reg. – All Coach and Player requests must be turned in by Dec. 2, 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 ____



REGISTRATION

My child is a :	Returning Player/New Player	Player DOB:	/ /	Age on 9/1/24:	
Player Last Nai	me:	First Name:			_ Gender:
Mailing Addres	S:	City:		Zip	:
Home #:					
What school d	oes the player attend?:				
Experience L Please circle t	evel he players current experien	ice level: Never Played	0-2 years	2+ years	
Parent/Guard	ian:	DO	B:	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	yer 🛛 Social Media 🗌 🕻)ther:		
	•	info will be share	•	h 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.