



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH SPORTS FALL SEASON

LOYA FAMILY YMCA

Register for Youth Sports! Registration begins on **SATURDAY, JULY 21st** at 10am in the Responsibility Room. All ages and skill levels are welcome from **2YRS - 7TH GRADE**. In YMCA Youth Sports, we strive to better each individual as a player and a person. We encourage teamwork, cooperation, and sportsmanship. No matter the skill level **EVERY CHILD PLAYS...GUARANTEED!**

FALL SPORTS LEAGUE (September 17th –November 10th)

Full roster of the current team's may return on that same team next season. Registration is still first come first serve!

<u>PRICE & AGE</u>	<u>TIME</u>
TOT Sports (2yr-3yr): ♦ Basketball ♦ \$15 Member / \$80 Non-Member Kinder Sports (4yr-5yr): ♦ Soccer and Basketball ♦ \$15 Member / \$80 Non-Member Rec Sports (1st-7th Grade): ♦ Basketball, Volleyball, Flag Football, Soccer ♦ \$15 Member / \$80 Non-Member	Practices: Monday–Thursday 5pm – 8pm Games: Friday Nights or Saturdays <div style="border: 2px dashed black; padding: 10px; text-align: center;"> <p>BECOME A MEMBER TODAY! <u>PAY \$15!</u> Non-Members receive \$10 OFF on Feb. 10th! Volunteer to coach and receive an additional \$10 OFF!</p> <p>MEMBER PRICES APPLY TO FAMILY MEMBERSHIPS ONLY</p> <p>*Must be member for the entire season</p> </div>

We are also Offering Special Needs Sports, the Fall season will include Basketball August 25th –October 13th (ages 5-18)

Please call or stop by the branch for more information.

WHEN: Saturday, July 21st 2018	LOCATION: 2044 TRAWOOD DR. El Paso, TX 79935	PHONE: 915-590-9622 WEBSITE: www.elpasoymca.org
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Loya Family YMCA
2044 Trawood
El Paso, TX 79935
(915) 590-9622

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LOYA YMCA FALL SPORTS

REGISTRATION BEGINS

JULY 21st, 2018 10am - On Field

REGISTRATION ENDS

September 8th - \$20 Late Fee Thereafter

REMINDERS

- ◇ Registration is a first come, first serve basis.
- ◇ Teams will be closed once roster is full.
- ◇ Full teams may sign up again for same coach but it is still first come, first serve.

Practices Start: September 17th
Games Start: September 21st-
November 10th

Coach's Meeting: September 10th @6pm

Mandatory Parent Meetings

Parent/child B-BALL - September 11th 2018 @6pm

Kinder sports - September 11th 2018 @7pm

Basketball

1st/2nd and 3rd/4th Grade September 12th 2018 @6pm

5th and 6th Grade September 12th, 2018 @7pm

Flag Football

1st/6th Grade September 13th, 2018 @6pm

Soccer

1st/4th Grade September 13th, 2018 @7pm

Volleyball

3rd/4th Grade- 5th -7th Grade September 14th @6pm

Office Use Only

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Your Coach: _____ Practice Time: _____ Staff Initials: _____

Sports Registration Form

Name: _____ Grade: _____ DOB: _____ Gender: _____ School: _____

Address: _____ Zip: _____ Best Contact Phone: _____

IF NEEDED, WILL YOU COACH? YES NO Coach Shirt : _____ Participant Shirt: _____ Parent Shirt: _____

Sizes: Youth XS S M L XL Adult S M L XL XXL *Additional \$10 at time of registration for Parent Shirt

LEAGUES (September 17th—November 10th, 2018)

Donation for strong kids Campaign (write in your gift) \$ _____ Pay at Check out	TOT (2-3yrs) B-BALL: _____ Special Needs (B-BALL) (ages 5-18) _____	Kinder Sports 4yrs-6yrs Soccer _____ Basketball _____	1st/2nd Grade (6-8yrs) Basketball: _____ Flag Football _____ Soccer _____	3rd/4th Grade (8-9yrs) Soccer _____ Flag football _____ Basketball: _____ Volleyball: _____	5th/6th Grade (10-11yrs) B-Ball _____ Flag Football _____ 5th-7th Grade (10-12yrs) Volleyball: _____
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Release of Liability/ Assumption of Risk: The undersigned participant or parent/guardian, in consideration of participation in the program activities indicated on this form, agree to indemnify and hold harmless the YMCA of El Paso, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, name herein, arising out of, or, in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I also authorize the use of any photographic image of the participant, herein, taken during program or activity for use in any YMCA of El Paso publication. I further agree to abide by all of the YMCA of El Paso policies and procedures.

Print Parent's Name: _____ Parent's Signature: _____ Date: _____