

SUMMER YOUTH SPORTS



NATIONAL YOUTH SPORTS SAN ANTONIO SUMMER 2022



SEASON DATES:
June 25 - August 6



This is a public awareness announcement. NYS is not sponsored, endorsed or otherwise affiliated with Judson ISD, NISD, NEISD, SAISD, SWISD, or ECISD Schools.

REGISTRATION EVENTS FILL OUT & DROP OFF THIS FORM!

SATURDAY MAY 7	SATURDAY MAY 14	SATURDAY MAY 21
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9:00 AM – 5:00 PM
BROOKS COLLEGIATE ACADEMY
(IN ARENA GYM)
4802 Vance Jackson Road
San Antonio, TX 78230

SEASON KICKOFF

Registrants will be emailed their team placement information the week of

June 6th

PLEASE CHECK YOUR EMAIL.

View season information by sport at txsa.nysonline.org.

SEASON INFORMATION

- Register online at txsa.nysonline.org
- All coaches are parent volunteers.
- All skill levels welcome.
- Teams formed by zip code and closest school.
- Provide an email that is checked often.
- Teams will practice 1-2 times per week.
- Practice starts the week of June 13th.
- First game is **Saturday, June 25th**.
- No Summer tournament.
- Practice facilities not included with registration. Gym availability depends on schools rental agreements.
- Game schedules are released on Wednesday before the first game at txsa.nysonline.org.
- Jersey is included with registration. Jerseys can be picked up by the team parent and passed out at practice the week of the first game.
- League coordinators have authority to adjust league age divisions as necessary.

REFUND POLICY: 50% Cancellation fee if made before 6/12/22. No refunds or credits after this date.

KEEP TOP PORTION FOR FUTURE REFERENCE *Events are subject to facility availability. *Dates may be subject to change. Visit txsa.nysonline.org for current information.

NYS NATIONAL YOUTH SPORTS REGISTRATION FORM

One child per registration form.
One sport or division per child.

PRINT LEGIBLY (Birth certificates may be required upon league coordinators request.)

Child's First Name: _____

Last Name: _____

Child's Age (as of September 1, 2021): _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian Full Name: _____

Email: _____

Phone #1: _____ #2: _____

Closest School: _____

VOLUNTEER: Head Coach Assistant

Coach Request: _____

Friend Request (1 only) _____

Referred by: _____

SEE BACK Sign medical waiver

INDOOR

Early Returning: \$120
Late Returning: \$130
New Player: \$130
Late New Player: \$140

OUTDOOR

Early Returning: \$100
Late Returning: \$110
New Player: \$110
Late New Player: \$120

BASKETBALL: CO-ED

- 3-5
- 6-7
- 8-9
- 10-11
- 12-13
- 14-16

SOCCER : CO-ED

- 3-5
- 6-8
- 9-11
- 12-15

BASEBALL: CO-ED

- 3-5 T-BALL / COACH
- PITCH
- 6-8 COACH PITCH
- 9-12 KID PITCH

VOLLEYBALL: GIRLS

- 6-9
- 10-12
- 13-17

CHEER: GIRLS

Early Returning w/uniform: \$130
Late Returning w/uniform: \$140
New Player w/uniform: \$140
Late New Player w/uniform: \$150

- 4-11



LATE RATE starts 5/23/22
REFUND POLICY: 50% Cancellation fee if made before 6/12/22. No refunds or credits after this date.

OFFICE USE ONLY SUMMER 2022

Registration Date: _____
Amt. Paid _____ Entered _____
Check # _____ Parent/Coach _____
CC Auth _____ Jersey _____
Processed _____ Acct _____
 Signed & Initial Waiver Photo ID

TXSA -ER 4-8-22

INDOOR SPORTS

AGE DIVISIONS

Learn the fundamentals of the game and how to work as a team.

- Volleyball: Girls6-9, 10-12, 13-17
Basketball: Co-ed3-5, 6-7, 8-9, 10-11 12-13, 14-16
Cheer: Girls 4-11

OUTDOOR SPORTS

AGE DIVISIONS

Emphasis on player development. Teaches team and individual skills.

- Soccer: Co-ed3-5, 6-8, 9-11, 12-15
Baseball: T-Ball: Co-ed 3-5
Baseball: Coach Pitch: Co-ed 6-8
Baseball: Kid Pitch: Co-ed 9-12



SEASON DATES: June 25 – August 6

WAYS TO REGISTER

- Register online at txsa.nysonline.org.
Mail registration form with check.
Checks payable to NYS.
No refunds or credits after 6/12/22.

CONTACT US

- 10935 Wurzbach Road #302 San Antonio, TX 78230
210-348-8862
txsaco@nysonline.net
txsa.nysonline.org NEW!
Facebook.com/NYSSanAntonio
Twitter.com/NYS_SanAntonio
Instagram.com/NYS_SanAntonio

OUR MISSION

The mission of all of our programs is to strengthen the individual, the family, and the community through participation in youth sports. Each program is centered around sportsmanship and emphasizes fun and the importance of fair play.

KEEP TOP PORTION FOR FUTURE REFERENCE

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of National Youth Sports (NYS) athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NYS their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

- 5. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees.
6. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise.
7. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
8. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the participant(s), hereby grants authorization to National Youth Sports (NYS), and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the participant(s). Each of the undersigned further agrees that neither NYS nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

PHOTOGRAPHY/VIDEOGRAPHY

NYS reserves the right to use any photograph or videography taken during an NYS sponsored event without the expressed written permission of the subjects included within the photograph or video. Photographs may be used in publications or other media material produced, used or contracted by NYS including but not limited to: books, catalogues, search pieces, newspapers, magazines, television, websites, etc. See our website for more information.

NYS NO REFUND POLICY

I understand the "No Refund" Policy regarding participation with NYS.

WEATHER POLICY

I understand that NYS cannot control the weather and any games cancelled due to weather will not be made up and no compensation will be made in these situations.

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH SPORT, VENUE USE AND RELATED ACTIVITIES

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with recreational activities and contact sports, transportation of equipment related to the activities, and traveling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

- 1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that my result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.

Parent/Guardian Signature (required):

Date: