



Forsyth County Family YMCA Winter 2011 Basketball Registration

Office Use Only	
Receipt #:	_____
Amount: \$	_____
Staff:	_____
Date:	___/___/___

Player's Name _____ Sex _____ DOB ___/___/___ Age _____
 Address _____ City _____ State _____ Zip _____
 School Child Attends _____ **School will help determine practice location**
 Primary Phone _____ Secondary Phone _____
 Mother's Name _____ DOB ___/___/___
 Father's Name _____ DOB ___/___/___ Email _____

League: (Child's Age as of session start date 12/10/2011)

- Coed U6 (4&5 yr old) 71347
 Coed U8 (6&7 yr old) 71348
 Coed U10 (8 & 9 yr old) 71349
 Coed U13 (10 –12 yr old) 71350

REQUESTS

Coach Request: _____

Friend Request: _____

*****PLEASE NOTE GAME & PRACTICE LOCATION SCHEDULING*****

The YMCA understands and values the need for practice locations to be relatively close and convenient for all of our families. As a result we make every effort to place players on teams in the same general geographic location to home and/or school.

However, we are not able to always guarantee this can be accomplished.
Your child's games may be played at multiple venues in Forsyth County.

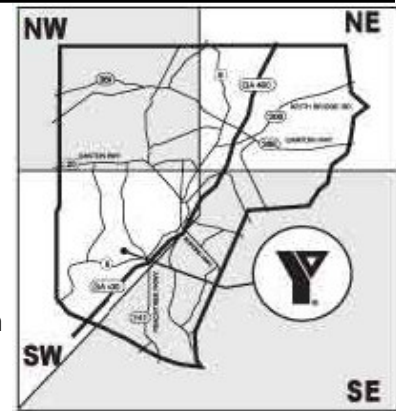
USE THE MAP TO THE RIGHT TO INDICATE YOUR DISTRICT:

Necessary to determine team placement & practice location.

- NW NE SW SE

***Volunteer Opportunities (Circle) Head Coach or Assistant Coach**

Coach's Preferred Practice Day: (1st choice) _____ (2nd choice) _____



To register, complete all sections of the registration form (one per child), include or authorize payment, send to the YMCA on or prior to the established registration dates.													
On-line: www.ymcaregistration.com OR Fax: 678-341-6328	<table border="0"> <tr> <td>At the YMCA:</td> <td>Monday-Friday</td> <td>8:00am-8:00pm</td> </tr> <tr> <td></td> <td>Saturday</td> <td>9:00am-5:00pm</td> </tr> <tr> <td></td> <td>Sunday</td> <td>1:00pm-5:00pm</td> </tr> <tr> <td>Mail:</td> <td colspan="2">Forsyth County Family YMCA 6050 Y Street Cumming, GA 30040</td> </tr> </table>	At the YMCA:	Monday-Friday	8:00am-8:00pm		Saturday	9:00am-5:00pm		Sunday	1:00pm-5:00pm	Mail:	Forsyth County Family YMCA 6050 Y Street Cumming, GA 30040	
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Check the Following:

Step 1: Membership (In order to participate in a YMCA sport, you must be either a current Facility member or a Program Member)

1. I already have a current membership.
 2. I need to renew or purchase a new membership. **\$35 Family Program Membership**
 3. Unsure, Please charge if needed.

Step 2: Registration Fee

1. Cost: **\$130** (Program Member price as of 9/24/11) **\$140** (Program Member price on or after 10/16/11)
 2. Cost: **\$110** (Facility Member price as of 9/24/11) **\$120** (Facility Member price on or after 10/16/11)

Step 3: Annual Campaign Donation: \$ _____ *Help a child in need to play basketball!

Step 4: Total Payment: \$ _____

Step 5: Payment Method

1. Cash
 2. Check # _____ **Circle:** Visa Mastercard American Express
 3. Credit/Debit Card : **Card #** _____ **Exp** ___/___/___

*****Registration Deadline***
November 14th**

Card Holder's Signature: _____ **Date** ___/___/___

Step 6: Sign Statement of Understanding

I HEARBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, it's employees and volunteers, from any loss, liability, claim of bodily injury or property damage, or costs which may arise due to my use of YMCA's facilities and equipment and my participation in YMCA programs. The agreement shall be governed by the laws of Georgia. I authorize the use and reproduction of any and all photographs or video footage for YMCA promotional purposes. By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in YMCA programs and activities

Print Name: _____ **Signature:** _____ **Date** ___/___/___