



Forsyth County Family YMCA Spring 2012 Soccer Registration

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

Player's Name _____	Sex _____	DOB ___/___/___	Age _____
Address _____	City _____	State _____	Zip _____
School Child Attends _____	Email Address _____		
Primary Phone _____	Secondary Phone _____		
Mother's Name _____	DOB ___/___/___		
Father's Name _____	DOB ___/___/___		

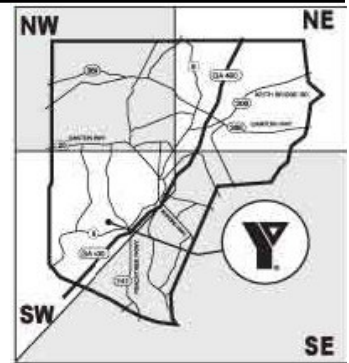
AGE AS OF AUGUST 1ST 2011:

- | | | |
|---|--|--|
| <input type="checkbox"/> Coed U5 (4yrs) 77310 | <input type="checkbox"/> Coed U10 (8 & 9yrs) 77314 | <input type="checkbox"/> Coed U14 (12 & 13yrs) 77318 |
| <input type="checkbox"/> Coed U6 (5yrs) 77311 | <input type="checkbox"/> GIRLS U10 (8 & 9yrs) 77315 | <input type="checkbox"/> GIRLS U14 (12 & 13yrs) 77319 |
| <input type="checkbox"/> Coed U8 (6 & 7yrs) 77312 | <input type="checkbox"/> Coed U12 (10 & 11yrs) 77316 | |
| <input type="checkbox"/> GIRLS U8 (6 & 7yrs) 77313 | <input type="checkbox"/> GIRLS U12 (10 & 11yrs) 77317 | |

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. Our U12 and above teams will have some travel in order to play soccer clubs within the surrounding counties.



USE THE MAP TO THE RIGHT TO INDICATE YOUR DISTRICT:

Necessary to determine team placement & practice location.

- | | |
|---|---|
| Coal Mountain Park <input type="checkbox"/> NW | Midway & Fowler Park <input type="checkbox"/> SW |
| Coal Mountain Park <input type="checkbox"/> NE | Windermere Park <input type="checkbox"/> SE |

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

COACH'S Preferred Practice Day: (1st choice) _____ (2nd choice) _____ (3rd 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.

- | | | |
|---|--|--|
| 1: Fax: 678-341-6328 | 3: At the YMCA: Monday-Friday 8:00am-8:00pm | |
| 2: Mail: Forsyth County Family YMCA
6050 Y Street
Cumming, GA 30040 | Saturday 9:00am-5:00pm | |
| | Sunday 1:00pm-5:00pm | |
| | 4: Online Registration: www.ymcaregistration.com | |

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.

*****Registration Deadline*****
January 27th

Step 2: Registration Fee

- 1. **Cost: \$130** (Program Member price on or before 1/07/12) **\$140** (Program Member price on or after 1/08/12)
- 2. **Cost: \$110** (Facility Member price on or before 1/07/12) **\$120** (Facility Member price on or after 1/08/12)

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

Step 4: Total Payment: \$ _____

Step 5: 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** ___/___/___

Step 6: Payment Method

- | | | |
|---|--|-------------------------|
| <input type="checkbox"/> 1. Cash | Circle: Visa Mastercard American Express | |
| <input type="checkbox"/> 2. Check # _____ | Card Holder's Signature: _____ | Date ___/___/___ |
| <input type="checkbox"/> 3. Credit/Debit Card : | Card # _____ - _____ - _____ - _____ | Exp ___/___ |