



Registration

League Signup

age as of September 1st, 2008

Player Name: _____
 Address: _____
 City: _____ Zip: _____
 Birthdate: _____ Age: _____ Sex: _____
 Home Phone #: _____
 Mom's Name: _____ Cell #: _____
 Dad's Name: _____ Cell #: _____
 Contact E-Mail: _____
 Player's School: _____
 What District are you in? (See map on opposite page)
 NW NE SW SE

Coach or Buddy Request

Coach / Buddy: _____
(No Requests Guaranteed)

My child has played (#) _____ seasons.

Volunteer

As a Parent, I am willing to participate in the program as a volunteer.

Coach Co-Coach Asst. Coach Team Mom

I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its 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. This 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.

Name (Please Print) _____
 Signature _____ Date _____

Girls League

- Age 6 - 7 National Girls [08YF03105]
- Age 8 - 9 Southern Girls [08YF03106]
- Age 10 - 11 American Girls [08YF03107]
- Age 12 - 14 Central Girls [08YF03108]

Co - Ed League

- Age 4 Micro Co-Ed [08YF03109]
- Age 5 Eastern Co-Ed [08YF03110]
- Age 6 - 7 National Co-Ed [08YF03111]
- Age 8 - 9 Southern Co-Ed [08YF03112]
- Age 10 - 11 American Co-Ed [08YF03113]
- Age 12 - 13 International Co-Ed [08YF03114]
- Age 14 -17 World Co-Ed [08YF03115]

Mini Kickers: 3 Year Old Soccer

Information

Led by volunteer coaches and involved parents, the mini-kicker program is a fun interactive clinic based program focused upon developing and / or enhancing basic fundamental skills such as shooting, dribbling, passing and teamwork. Players will be placed on a small team and will rotate through stations during the scheduled time each week. Also, teams will begin to play small sided scrimmages throughout the seven week season.

Parent Meeting: August 19th
 (Optional) 5:30pm at YMCA
First Session: Aug. 25th - Aug. 30th

Mini Kicker Locations

- | | |
|---|---|
| Windermere
<input type="checkbox"/> Monday 5:00-5:45
<input type="checkbox"/> Monday 6:00-6:45
<input type="checkbox"/> Saturday 8:15-9:00
[08YF03103] | Parkway Presbyterian Church
<input type="checkbox"/> Tuesday 5:00-5:45
<input type="checkbox"/> Tuesday 6:00-6:45
<input type="checkbox"/> Saturday 9:45-10:30
[08YF03104] |
| Sawnee Mtn. Park
<input type="checkbox"/> Thursday 6:15-7:00
[08YF03102] | Coal Mtn. Park
<input type="checkbox"/> Thursday 5:00-5:45
[08YF03101] |

PAYMENT

Facility Membership: Joined the YMCA to workout and use all the amenities.

Program Membership: Joined the YMCA to enroll your children in programs only.

STEP 1 Do You have a current membership?

- \$25 Individual
- \$35 Family
- Already have current Program Membership
- Already have current Facility Membership

STEP 2 League Payment

Mini-Kicker Payment

Early Registration (Ends July 20th)

- \$95 Facility Member
- \$115 Program Member
- \$70 Facility Member
- \$80 Program Member

Regular Registration (July 21st - July 31st)

- \$105 Facility Member
- \$125 Program Member
- \$80 Facility Member
- \$90 Program Member

Waitlist Registration (Begins Aug. 1st)

- \$105 Facility Member
- \$125 Program Member
- \$80 Facility Member
- \$90 Program Member

Partner With Youth donation \$ _____

Your donation helps afford a child the opportunity to participate in a program that he/she would otherwise be unable to.

Total payment due \$ _____

STEP 3

- Cash Charge Check
- (check one) Visa Mastercard Discover AMEX

Card Number: _____ / _____ / _____

Expiration Date: _____ / _____

I have read and understand all information regarding fees. As a result, I authorize all charges upon submitting this registration.

Signature of Cardholder: _____

Date _____	Total Amount Paid _____
Receipt # _____	Staff Initial _____