

*Forsyth County Family YMCA Spring Soccer 2010
Academy Player Registration Form*



Website: fcy.ymcaatlanta.org Phone #: (770) 888 2788 Fax #: (678) 341-6328

"We Build Strong Kids, Strong Families, Strong Communities"

Registration and payment for your child will occur after he/she has been evaluated and invited to join a team

Player Information

Last Name _____ First Name _____ DOB / /
m d y
 Address _____ City _____ Zip _____ Male/Female

Parent / Guardian Information

Home Phone _____ Primary E-mail *(required)* _____
 Mother's Name _____ Cell Phone _____ DOB / /
m d y
 Father's Name _____ Cell Phone _____ DOB / /
m d y

Academy League Signup

20275

Age group determined by child's age on Aug. 31st 2009

- | | |
|---|--|
| <input type="checkbox"/> Academy U-9 Girls | <input type="checkbox"/> Academy U-9 Boys |
| <input type="checkbox"/> Academy U-10 Girls | <input type="checkbox"/> Academy U-10 Boys |
| <input type="checkbox"/> Academy U-11 Girls | <input type="checkbox"/> Academy U-11 Boys |
| <input type="checkbox"/> Academy U-12 Girls | <input type="checkbox"/> Academy U-12 Boys |

"Our mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all"

Payment

Step 1

Step 2

In order to participate in a YMCA sport you must have either a current facility or program membership. Do you need a current membership?

How would you like to be charged?

- YES** (Please check one below) **NO** (Please check one below)
- | | |
|---|--|
| <input type="checkbox"/> \$25 One Child | <input type="checkbox"/> Already have current membership |
| <input type="checkbox"/> \$35 Multi - Child | <input type="checkbox"/> Unsure, please charge if needed |

- One time payment of \$450
 -or-
 one payment of \$150 due at registration and three payments of \$100

Step 3

<input type="checkbox"/> Personal Check \$ _____ Check # _____	<input type="checkbox"/> Cash Amount \$ _____	YMCA Staff Only
<input type="checkbox"/> Credit Card (Circle One) Visa MasterCard American Express Cardholder's Name _____		Receipt # _____
Card # _____ Exp Date <u> </u> / <u> </u>		Amount: _____
Signature _____ Date _____		Staff: _____
		Date: _____

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
- 2. MAIL:** Forsyth County Family YMCA
6050 Y Street
Cumming, GA 30040

- 3. AT THE YMCA:** Monday-Friday 8:30am-8:00pm
Saturday 9:00am-2:00pm
Sunday Closed

Or download registration form at: fcy.ymcaatlanta.org

Returned Checks: If a check is deposited, designated as non-sufficient funds, and remains unpaid by a participant's financial institution the check will automatically be forwarded by Wachovia to Checkcare for collection. Checkcare will automatically access a \$37.00 service charge in addition to the amount of the original check declared "non-sufficient". Upon deposit by the YMCA, all collections are subject to the policies of Wachovia and Checkcare.