Secure Fax Line: (678)341-6328

Player Name:_____

Primary Contact E-mail: _____

Address: _____

City: _____ Zip: _____

Birthdate: _____ Age: _____ Sex: _____

Home Phone #:_____

Mom's Name: _____ Mom's date of birth: _____Cell#:_____

Dad's Name: _____ Dad's date of birth: _____Cell#:_____

Emergency Contact:_____Phone #:_____

League Registration

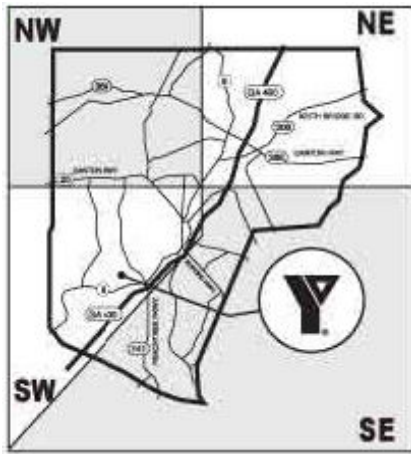
Age Group Determined by the age of your child on October 31st, 2009

Basketball Age Groups

(Select your age group)

☐ 4 Year Olds (17508) ☐ 5 Year Olds (17509) ☐ 6/7 Year Olds (17510) ☐ 8/9 Year Olds (17511) ☐ 10/11 Year Olds (17512)

Understanding of Game & Practice Location Schedules:
The YMCA understands and values the need for practice locations that are relatively close and convenient for families. As a result we will make every effort to place players on teams that are in the same general geographic location. However, we are not able to always guarantee this can be accomplished. Games are played at multiple venues in Forsyth County.
USE THE MAP BELOW TO INDICATE TO US WHAT DISTRICT YOU PREFER TO PLAY IN.



☐ NW

☐ NE

☐ SW

☐ SE

I Hereby agree to release and hold harmless the YMCA, its employees and volunteers, from any loss, liability, claim of bodily injury, property damage, or costs which may arise due to 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 me responsibilities for participation and conduct in YMCA programs and activities.

_____
Name (Please Print)

_____
Signature Date

Step 1 **Payment**

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

YES (please check one below)
☐ $25 One child
☐ $35 Multi-child

NO (please check one below)
☐ Already have a current membership
☐ Unsure, Please charge if needed

Step 2

Which program are you participating in?

4 Year old – 11 Year old Basketball
(Please check one below)

Early Registration (Before Nov. 1)	Normal Registration (Nov. 1 – Nov. 10)	Wait list Registration (After Nov. 10)
☐ $95 Facility Member	☐ $115 Facility Member	☐ $115 Facility Member
☐ $105 Program Member	☐ $125 Program Member	☐ $125 Program Member

Step 3

☐ Cash ☐ Check ☐ Charge Total Payment due $ _____

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

☐ AMEX ☐ Visa ☐ MasterCard ☐ Discover

_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expires ____/_____

_____
Signature Date

Returned Checks: If a check is deposited, designated as non-sufficient funds, and returned by a participant's financial institution the check will automatically be forwarded by Wachovia to Checkcare for collection. Checkcare will automatically charge 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 and procedures of Wachovia and Checkcare.