



**Registration Dates**  
September 28—November 14

<b>Office Use Only</b>	
HID	_____
Staff	_____
Date	___/___/___

<b>Player Information</b>		
FIRST Name _____	LAST Name _____	
Male _____ Female _____	DOB _____/_____/_____ Age _____	
Player's Address _____		
Email: _____ (for confirmation only)		
Mom's Name _____	Cell Phone (____) _____ - _____ DOB _____/_____/_____	
Dad's Name _____	Cell Phone (____) _____ - _____ DOB _____/_____/_____	
<b>T-Shirts will need to be ordered online at — <a href="http://www.cherokeeymcaregistration.com">www.cherokeeymcaregistration.com</a></b>		
<b>Practice Location</b>		
Please select one of the following locations. Please notice the days listed beside the location are the possible days your child may practice on.		
<input type="checkbox"/> Heritage Presbyterian (Monday, Wednesday, or Friday)	<b>OR</b>	<input type="checkbox"/> Johnston Elementary (Tuesday or Thursday)

**Special Requests**

We will try to honor your request, but CANNOT guarantee these placements.

**Coach Request** \_\_\_\_\_

**Player Request** \_\_\_\_\_

**Registration Fees**

League	Facility <b>MEM</b> ber	* <b>PRO</b> gram Member
U8	\$80	*\$95
U10	\$80	*\$95
U12	\$80	*\$95

\*To participate in any Y programs you must have a membership. **PRO**gram membership is a \$35 annual fee. Facility **MEM**ber has full facility access, and receive discounts on our programs. To find out more about becoming a full facility **MEM**ber please call (770) 345-9622

<b>Volunteer Opportunities</b>
Get involved and help make a difference at your YMCA!
<b>Circle one of the following</b>
<b>Head Coach</b> (organize team, conduct practices, attend games)
<b>Assistant Coach</b> (assist head coach with preparation and play)
<b>Coach Shirt Size</b> S M L XL XXL
<b>Email</b>
_____

**Waiver**

I certify that, in advance of participation in the activity or program identified herein, I have received any and all information which I deem necessary or important in making an informed choice regarding my own or my child/ward's participation in such activity or program. In consideration of the YMCA of Metro Atlanta, allowing myself, my child or ward to participate in such program or activity, I hereby voluntarily agree to assume all risks of my own, my child's or ward's participation in such program or activity, and agree to hold harmless the YMCA of Metro Atlanta, its successors, agents, employees, and volunteers ("YMCA") from and against any and all liability, claims, damages or expenses which I, my child or ward have or may have arising out of or related to my participation, or that of my child or ward, in such program or activity, including death, personal injury or property damage or loss of any kind, whether caused by the act or omission of the YMCA, myself, my child or ward, or others. Further I hereby irrevocably release, consent and authorize the YMCA of Metro Atlanta and its agents to use my photograph/likeness/voice, as it pertains to my participation with the YMCA of Metro Atlanta, in any manner for promotional efforts without expectation of or right to any reimbursement in connection with its use.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**For faxed registrations, please use the Credit Card Agreement form.**

Class IDs
<b>U8</b> —17167 <b>U10</b> —17171 <b>U12</b> —17175