

Forsyth County Family YMCA Spring Soccer 2010

Player Registration Form

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



Mini-Kickers Age 3

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

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

Day/Location Signup

20270

Players will arrive at their designated location and time for six 45 minute sessions.

- Windermere Park**
Monday 5:45-6:30
- Windermere Park**
Saturday 2:15-3:00
- Vickery Creek Area**
Saturday 9:00-9:45
- Episcopal Church (NE)**
Thursday 5:45-6:30
- Sawnee Mtn. Park**
Tuesday 5:15-6:00

Volunteering at the YMCA provides a chance to show your talents while learning new skills and developing meaningful relationships.

Volunteer

As a parent, I am willing to participate in the program as a volunteer:

Mom or Dad
(Circle One)

- Coach
- Team Manager

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

Payment

Step 1

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

- YES** (Please check one below) **NO** (Please check one below)
- \$25 One Child
 - \$35 Multi - Child
 - Already have current membership
 - Unsure, please charge if needed

Step 2

Which type of membership do you have?

- Program Member** **Facility Member**
- Before January 21st - \$80
 - After January 20th - \$90
 - Before January 21st - \$70
 - After January 20th - \$80

Step 3

Personal Check \$ _____ Check # _____ Cash Amount \$ _____
 Credit Card (Circle One) Visa MasterCard Amex Discover Cardholder's Name _____
 Card # _____ Exp Date ____/____/____
m d y
 Signature _____ Date _____

YMCA Staff Only
Receipt # _____
Amount: _____
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.