

Forsyth County Family YMCA Spring Soccer 2010

Player Registration Form

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



Recreational League Age 4-15

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

Player Information

Last Name _____ First Name _____ DOB ____/____/____
m d y

Address _____ City _____ Zip _____ Male/Female

What school does your child attend? _____

****your practice location will be determined by the school your child attends ****

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

Coach/Buddy Request _____

Special requests are NOT guaranteed

League Signup (20273)

Please sign up according to division birthdates listed below!

Division Birthdates

- Coed U-5 (4 yr olds).....8/1/04-7/31/05
- Coed U-6 (5 yr olds).....8/1/03-7/31/04
- Girls Coed U-8 (6-7 yr olds).....8/1/01-7/31/03
- Girls Coed U-10 (8-9 yr olds).....8/1/99-7/31/01
- Girls Coed U-12 (10-11 yr olds).....8/1/97-7/31/99
- Girls Coed U-14 (12-13 yr olds).....8/1/95-7/31/97
- Girls Coed U-16 (14-15 yr olds).....8/1/93-7/31/95

Volunteer

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

Mom or Dad
(Circle One)

- Head Coach Asst. 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		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?		Which type of membership do you have?	
YES (Please check one below) <input type="checkbox"/> \$25 One Child <input type="checkbox"/> \$35 Multi - Child	NO (Please check one below) <input type="checkbox"/> Already have current membership <input type="checkbox"/> Unsure, please charge if needed	Program Member <input type="checkbox"/> Before January 21 st - \$115 <input type="checkbox"/> After January 20 th - \$125	Facility Member <input type="checkbox"/> Before January 21 st - \$95 <input type="checkbox"/> After January 20 th - \$105
Step 3			YMCA Staff Only
<input type="checkbox"/> Personal Check \$ _____ Check # _____ <input type="checkbox"/> Cash Amount \$ _____			Receipt # _____
<input type="checkbox"/> Credit Card (Circle One) Visa MasterCard Amex Discover Cardholder's Name _____			Amount: _____
Card # _____ Exp Date ____/____/____ <small>m d y</small>			Staff: _____
Signature _____ Date ____/____/____ <small>m d y</small>			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 5:30am-9:00pm
Saturday 8:00am-6:00pm
Sunday 1:00pm-6:00pm

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.