



# FUTSAL SOCCER 2012 REGISTRATION

Decatur Family YMCA, 1100 Clairemont Ave., Decatur, GA 30030, Phone: 404-377-9622, www.ddysoccer.org.

Participant' Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Gender: Female Male Age \_\_\_\_\_

City, Zip \_\_\_\_\_ School \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian's E-mail Address \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian's E-mail Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any allergies or medical conditions that we should be aware of: \_\_\_\_\_

**(Membership is mandatory-registration will not be accepted if membership is not current.)**

Type of Membership: Facility or Program Member ID # \_\_\_\_\_

Are you a member of another Metro Atlanta YMCA Branch? If yes, which one: \_\_\_\_\_

**PLEASE CHECK YOUR AGE GROUP BELOW (age as of August 1<sup>st</sup>, 2011):**

U6 Coed (4-5 yrs) (Class ID # 73398)     U8 Coed (6-7 yrs) (Class ID # 73400)     U10 Coed (8-9 yrs.) (Class ID # 73402)

U12 Coed (10-11) (Class ID # 73405)     U14 Coed (12-13) (Class ID # 73406)     U18 Coed (14-17) (Class ID # 73414)

T-Shirt Size:    YS    YM    YL    AS    AM    AL    AXL

**Payment Information:**

Soccer Fee: \_\_\_\_\_

Membership Fee: \_\_\_\_\_

**Total Fees:** \_\_\_\_\_

\_\_ Check    \_\_ Credit Card

TEAM / COACH / TEAMMATE Requests \_\_\_\_\_

I want to volunteer: (circle one)    Coach    Co-Coach

Volunteer Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**Waiver:**

In consideration of the acceptance of this entry I hereby for myself, my heirs, executor, administrators and assigns, release and discharge all sponsors, organizers, promoters, directors, or persons connected with the Decatur-DeKalb YMCA from any and all claims made for damages suffered by me as a result of my participation in or traveling to or from said event/program. I further state that my child is in proper physical condition to complete the event/program which he/she has entered and further agree that the above mentioned sponsors, or persons connected with the event or program are under no obligation to provide physical examination or other evidence of my child's fitness to participate in such event/program.

**Video & Photography Release:**

I understand that my child's video/photograph(s) may be taken during the course of the class instruction at the Decatur-DeKalb YMCA and I hereby grant my permission for the resulting video/photograph to be used for any/all YMCA publicity and printing purposes.

**Refund Policy :** Our goal is to satisfy you! If at any time, during the first two weeks of the program, you are not satisfied, contact your Program Director to receive a full/partial refund. If the YMCA cancels a program a full refund will be given. If an unforeseen circumstance arises that may prohibit participation in a program, unused portion of your program fees will be refunded.

**Our Mission:** Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteer, members, and staff open to and serving all, providing programs and services which develop spirit, mind and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

Parent/Guardian Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

I have read and understand all of the policies listed above.

**Office Use Only:**

Receipt # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Initials \_\_\_\_\_