

U4 Parents and Tots Registration Form

Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

E-Mail: _____

PARENT VOLUNTEER INFORMATION

- Check Box - One parent must be on the field with player at all times.
- Check Box - **REFUND POLICY:** Within 24 hours of submitting registration forms and fees; HCSA must receive [by fax (770) 474-7109 or via email ed@hcsa.org] during open registration dates **ONLY** to qualify for a full refund. A partial refund will be granted at the close of registration through opening session date. A total of \$22.00 will be deducted from the registration cost for a partial refund. **NO REFUND** will be granted upon commencement of the program.

Select One:

- Option #1 - Monday - 6:20 to 7:05
 Option #2 - Tuesday - 5:30 to 6:15
 Option #3 - Wednesday - 5:30 to 6:15
 Option #4 - Thursday - 6:20 to 7:05
 Option #5 - Friday - 5:30 to 6:15
 Option #6 - Saturday - 10:20 to 11:05

Enter Quantities: (Optional Spirit Wear)

Parent T-Shirt (\$7) _____ Size: AS, AM, AL, AXL _____
Parent T-Shirt (\$7) _____ Size: AS, AM, AL, AXL _____
Tots Sweatshirt (\$10) _____ Size: YS, YM, YL, YXL _____

How did you find out about the Parents and Tots Program? [Check the box(s) that apply

Mailer A friend Website Returning Player Day Care

Other: _____

Parent / Guardian #1 : _____

Parent / Guardian #2 : _____

Current Date : _____

County of Residence : _____

Parent / Guardian
Signature : _____