



**GREATER JOHNSTOWN COMMUNITY YMCA
CO-ED ADULT SOCCER REGISTRATION**



NAME _____

ADDRESS _____

_____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMAIL: _____

AGE: _____ BIRTHDATE _____

IN CASE OF EMERGENCY CONTACT

NAME _____

ADDRESS _____

_____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

PLEASE LIST ANY MEDICAL INFORMATION OF WHICH WE SHOULD BE AWARE: _____

THE YMCA RELIES ON VOLUNTEERS:

WOULD YOU LIKE TO BE A REFEREE? _____ A COACH? _____

*If you would like be a League Sponsor, please complete the following information and the YMCA will contact you.

NAME _____ PHONE-DAY _____

COMPANY (IF APPLICABLE) _____ PHONE-EVENING _____

PLEASE SIGN THE WAIVER OF LIABILITY ON THE REVERSE SIDE