

GREATER JOHNSTOWN COMMUNITY YMCA

BIDDY BALL

PRESCHOOL BASKETBALL REGISTRATION FORM

CHILD'S NAME _____

AGE: _____

ADDRESS _____

BIRTHDATE: _____

PHONE-DAY _____

SHIRT SIZE:

-EVENING _____

YOUTH MED _____ LG _____

ADULT SM _____ MED _____ LG _____ XL _____

YEARS OF SOCCER EXPERIENCE? _____

ANY REQUESTS: _____

IN CASE OF EMERGENCY CONTACT:

NAME _____

PHONE-HOME _____

ADDRESS _____

PHONE-WORK _____

_____ ZIP _____

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

THE YMCA RELIES ON VOLUNTEERS, WOULD YOU CONSIDER BEING A

REFREE? _____ COACH? _____ OTHER? _____

- I as parent or legal guardian of the above-named applicant understand that the YMCA has not provided accident insurance for any injuries sustained by me or my child.
- I give permission for photos of my child and/or myself at YMCA activities to be used for promotional purposes.

PARENT/GUARDIAN NAME (PRINT) _____

PARENT/GUARDIAN NAME (SIGNATURE) _____

TODAY'S DATE: _____

Our children are very important. Your support is greatly appreciated. Our league shirts provide an opportunity for local businesses to show their support. If you would like to become a League Sponsor, by sponsoring a team or the entire league, please complete the following information and the YMCA will contact you.

NAME _____

PHONE-DAY _____

COMPANY _____

-EVENING _____

