



2011 YMCA-WINNERS INDOOR SOCCER REGISTRATION

Sponsored by the Greater Johnstown Community YMCA

HURRY—LIMITED ENROLLMENT

GENERAL INFORMATION

- Players will be placed on teams according to age, birth date, and number of years of playing experience.
- EVERYONE WELCOME!! Any child from any area, any school district, ages 5-12, **but enrollment will be limited (see cut-off #s below).**
- Orientation and practice will be held at the Cambria Heights Elementary School (Carrolltown) Saturday, **January 15, 2011.**
Ages 5-6 at 9:00 am, ages 7-8 at 10:30 am, ages 9-12 at 11:30 pm.
- Games will be scheduled by the Coordinator based on registration numbers for each age group.
- Approximate play times: Ages 5-6 from 9:00 to 10:00. Ages 7-8 from 10:30-11:30 Ages 9-12 from 11:30 to 1:00.
- Once Teams are determined, games will be played on Saturdays through **March 12, 2011.** (Snow days may be added if needed.)
- Completed registration form and payment **made payable to the Johnstown YMCA** can be mailed to the YMCA by January 15 or brought to first day orientation (January 15) to:

Greater Johnstown Community YMCA
 ATTN: Vicki Clark, Physical & Sports Program Director
 100 Haynes Street, Johnstown, PA 15901

For more information, call the Johnstown YMCA at 814-535-8381.

NAME _____ BIRTHDATE _____
 ADDRESS _____ PHONE-DAY _____
 _____ ZIP _____ PHONE-EVENING _____

<p>PLEASE SELECT THE AGE GROUP YOU WANT YOUR CHILD TO PARTICIPATE IN:</p> <p>5-6 _____ (MAXIMUM 24 CHILDREN FOR AGES 5 AND 6)</p> <p>7-9 _____ (MAXIMUM 60 CHILDREN FOR AGES 7 THROUGH 12)</p> <p>10-12 _____ (MAXIMUM 60 CHILDREN FOR AGES 7 THROUGH 12)</p>	<p>REGISTRATION FEE: \$35.00 (1ST CHILD) \$30.00 (2ND CHILD)</p> <p>PLEASE CIRCLE THE T-SHIRT SIZE(S) YOU WOULD LIKE TO ORDER:</p> <table> <tr> <td>YOUTH 10-12</td> <td>YOUTH 14-16</td> <td rowspan="3" style="border: 1px solid black; padding: 5px;">AMOUNT ENCLOSED:</td> </tr> <tr> <td>ADULT SMALL</td> <td>ADULT MEDIUM</td> </tr> <tr> <td>ADULT LARGE</td> <td>ADULT EXTRA LARGE</td> </tr> </table>	YOUTH 10-12	YOUTH 14-16	AMOUNT ENCLOSED:	ADULT SMALL	ADULT MEDIUM	ADULT LARGE	ADULT EXTRA LARGE
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ADULT SMALL	ADULT MEDIUM							
ADULT LARGE	ADULT EXTRA LARGE							

PLEASE COMPLETE THE FOLLOWING REGISTRATION INFORMATION

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:

WE RELY ON VOLUNTEERS: WOULD YOU LIKE TO BE A REFEREE? _____ WOULD YOU LIKE TO BE A COACH? _____

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

GUARDIAN'S NAME (PRINT) _____
 GUARDIAN'S SIGNATURE _____ DATE _____

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

NAME _____ PHONE-DAY _____
 COMPANY (IF APPLICABLE) _____ PHONE-EVENING _____