



2010 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 days will be held Saturday, **January 16, 2010.** Ages 5-8 at 9:30 am, ages 9-12 at 12:00 pm.
- League games will begin Saturday, **January 23** and end Saturday, **March 27, 2010.**
- All games will be played at the Cambria Heights Elementary School (Carrolltown) on Saturdays between the hours of **9:00 am and 2:00 pm.** Times will be determined by number of teams. You will be phoned with your child's starting time.
- **Mail in registration only:** Completed registration form and payment **made payable to the Johnstown YMCA** can be brought to first day orientation (January 16) or mailed by 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 _____

PLEASE SELECT THE AGE GROUP YOU WANT YOUR CHILD TO PARTICIPATE IN:

- 5-6 _____ **(MAXIMUM 24 CHILDREN FOR AGES 5 AND 6)**
- 7-9 _____ **(MAXIMUM 60 CHILDREN FOR AGES 7 THROUGH 12)**
- 10-12 _____

REGISTRATION FEE: \$30.00 (1ST CHILD) \$25.00 (2ND CHILD)

PLEASE CIRCLE THE T-SHIRT SIZE(S) YOU WOULD LIKE TO ORDER:

- YOUTH 10-12 YOUTH 14-16
- ADULT SMALL ADULT MEDIUM
- ADULT LARGE ADULT EXTRA LARGE

AMOUNT ENCLOSED:

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 _____