



**GREATER JOHNSTOWN COMMUNITY YMCA  
ADULT SOCCER REGISTRATION**



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**League:**      \_\_\_\_\_ **Indoor**      \_\_\_\_\_ **Outdoor**      \_\_\_\_\_ **Pick-up/Drop-in**

**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**