

COMPETITIVE BASKETBALL



REGISTRATION FORM

All participants must sign WAIVER OF LIABILITY on reverse side of this form or at our website www.johnstownpaymca.org.

Team Name _____

CONTACT/COACH: _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ Email: _____

GRADE LEVEL OF COMPETITION: _____

<u>Team Members</u>	<u>AGE</u>
1. Name _____	_____
2. Name _____	_____
3. Name _____	_____
4. Name _____	_____
5. Name _____	_____
6. Name _____	_____
7. Name _____	_____
8. Name _____	_____
9. Name _____	_____
10. Name _____	_____
11. Name _____	_____
12. Name _____	_____

Make checks payable to: Greater Johnstown Community YMCA
100 Haynes Street
Johnstown, PA 15901

Please read and sign the WAIVER OF LIABILITY
Participants under 18 must have a parent or guardian signature.