

COMPETITIVE SOCCER



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>
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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.