



YMCA-WINNERS VOLLEYBALL REGISTRATION/Spring 2010

A Developmental Program sponsored by the Greater Johnstown Community YMCA



GENERAL INFORMATION:

- Players will be placed on teams according to grade and number of years of playing experience.
- EVERYONE WELCOME!! Any child from any area, any school district, **Grades 3 through 8. REGISTRATION LIMITED!**
- Program will begin on **Saturday, April 3, 2010** and will be held each Saturday through **May 29, 2010.**
- All games will be played at the **St. Nicholas Community Center, Nicktown** on **Saturday mornings.**
Grades 3, 4, & 5 time slot is 9:00 – 10:15 AM; grades 6, 7, & 8 time slot is 10:30 – 11:45 AM.
- **ALL REGISTRATION WILL BE MAIL-IN; NO ON-SITE REGISTRATION WILL BE HELD.**
- Due to a facility rental charge, a cost per participant is in place. (See costs below)
- Completed registration form and payment **made payable to the Johnstown YMCA** can be sent **by March 26, 2010** 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.

(Cut here and keep top section)

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

PLEASE CIRCLE THE GRADE YOUR CHILD IS IN AND INDICATE THE SCHOOL HE OR SHE ATTENDS:

3RD, 4TH, 5TH 6TH, 7TH, 8TH
 (Maximum 32 children) (Maximum 32 children)

SCHOOL: _____

PROGRAM 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 VOLLEYBALL EXPERIENCE _____
 ANY REQUESTS? _____
 IN CASE OF EMERGENCY CONTACT:
 NAME _____ PHONE-HOME _____
 ADDRESS _____ PHONE-WORK _____
 _____ ZIP _____

PLEASE LIST ANY MEDICAL INFORMATION WHICH WE SHOULD BE AWARE:

THIS PROGRAM CANNOT RUN WITHOUT VOLUNTEERS! PLEASE VOLUNTEER: COACH ___ REFEREE ___ SCOREKEEPER ___

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 to promote the program.

GUARDIAN'S NAME (PRINT) _____

GUARDIAN'S SIGNATURE _____ DATE _____

***If you would like to be a League T-Shirt Sponsor, please complete the following information and the YMCA will contact you:**

NAME _____ PHONE-DAY _____

COMPANY (IF APPLICABLE) _____ PHONE-EVENING _____