



# 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:**

3<sup>RD</sup>, 4<sup>TH</sup>, 5<sup>TH</sup>                      6<sup>TH</sup>, 7<sup>TH</sup>, 8<sup>TH</sup>  
 (Maximum 32 children)            (Maximum 32 children)

**SCHOOL:** \_\_\_\_\_

**PROGRAM FEE: \$30.00 (1<sup>ST</sup> CHILD) \$25.00 (2<sup>ND</sup> 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 \_\_\_\_\_