



# YMCA-WINNERS BASKETBALL REGISTRATION

A Developmental Program sponsored by the Greater Johnstown Community YMCA  
Enrollment limited to First 100 Children!



## GENERAL INFORMATION

- Players will be placed on teams according to age, birth date, and number of years of playing experience.
- EVERYONE WELCOME!! Any child from any area, any school district, **ages 5-12**.
- The **first week** will be held Saturday, **October 18, 2008**.
- League will continue each Saturday (**except November 29**) and end Saturday, **December 13, 2008**.
- Program will be held at the Carrolltown Elementary School between the hours of **9:00 am and 2:00 pm**.  
Each team will be assigned a one-hour time slot: **ages 5-6 start at 9:00 am, ages 7-8 at 10:15 am, and ages 9-12 at 11:30 am.**
- Completed registration form and payment **made payable to the Johnstown YMCA** can be sent **by October 10** to:

Greater Johnstown Community YMCA  
100 Haynes Street  
Johnstown, PA 15901

ATTN: Bob Grassi, Senior Program Director

- Due to a facility rental charge, a cost per participant is still in place. (See costs below)
- For more information, call the Johnstown YMCA at 814-535-8381. (Cut on dotted line and mail form below)

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE-DAY \_\_\_\_\_  
 \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE-EVENING \_\_\_\_\_

**PLEASE SELECT THE AGE GROUP YOU WANT YOUR CHILD TO PARTICIPATE IN:**

5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_  
 9 through 12 \_\_\_\_\_

**PLEASE CIRCLE THE T-SHIRT SIZE(S) YOU WOULD LIKE TO ORDER:**

\$30.00 (1<sup>ST</sup> CHILD)    \$25.00 (2<sup>ND</sup> CHILD)  
 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 BASKETBALL 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:

\_\_\_\_\_

WE RELY ON VOLUNTEERS: WOULD YOU LIKE TO BE A REFEREE? \_\_\_\_\_ WOULD YOU LIKE TO BE A COACH? \_\_\_\_\_

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 for promotional purposes.

GUARDIAN'S NAME (PRINT) \_\_\_\_\_

GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*If you would like to be a League Sponsor, please complete the following information and the YMCA will contact you.

NAME \_\_\_\_\_ PHONE-DAY \_\_\_\_\_

COMPANY (IF APPLICABLE) \_\_\_\_\_ PHONE-EVENING \_\_\_\_\_