



# YMCA-WINNERS INDOOR SOCCER REGISTRATION

Sponsored by the Greater Johnstown Community YMCA

**HURRY—LIMITED ENROLLMENT!**

## 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, but enrollment will be limited (see cut-off #'s below).
- Practice days with your coaches will be held Saturdays, **January 10 and January 17, 2009.**
- League games will begin Saturday, **January 24** and end Saturday, **March 7, 2009.**
- All games will be played at the Cambria Heights Elementary School (Carrolltown) on Saturdays between the hours of **9:00 am and 2:00 pm.** Each team will be assigned a one-hour time slot. You will be phoned with your child's starting time.
- **Mail in registration only:** Completed registration form and payment **made payable to the Johnstown YMCA** can be sent by **January 4, 2009** to:  
 Greater Johnstown Community YMCA  
 ATTN: Bob Grassi, Senior Program Director  
 100 Haynes Street  
 Johnstown, PA 15901
- 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 HERE AND MAIL LOWER SECTION)

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

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

5-6 \_\_\_\_\_ **(MAXIMUM 24 CHILDREN FOR AGES 5 AND 6)**

7-9 \_\_\_\_\_ **(MAXIMUM 60 CHILDREN FOR AGES 7 THROUGH 12)**

10-12 \_\_\_\_\_

**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 SOCCER EXPERIENCE \_\_\_\_\_

ANY REQUESTS ? \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:

NAME \_\_\_\_\_ PHONE-HOME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE-WORK \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

### PLEASE LIST ANY MEDICAL INFORMATION OF 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 \_\_\_\_\_