GREATER JOHNSTOWN COMMUNITY YMCA
Y-WINNERS SOCCER REGISTRATION

NAME_____ AGE_____

ADDRESS_____ BIRTHDATE_____

_____ DAY PHONE_____

EVENING PHONE_____

SHIRT SIZE: YOUTH MED _____ LG_____

ADULT SM_____ MED_____ LG_____ XL_____

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:_____

_____

THE YMCA RELIES ON VOLUNTEERS:

WOULD YOU LIKE TO BE A REFEREE?_____ 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 me or my child.

I give permission for photos of my child and/or myself at the YMCA activities to be used for promotional purposes.

GUARDIANS/PARENTS NAME (PRINT)_____

GUARDIANS/PARENTS SIGNATURE_____

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

NAME_____ PHONE-DAY_____

COMPANY (IF APPLICABLE)_____ PHONE-EVENING_____