



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 15, 2011**.
- League will continue each Saturday through December 17.
- Program will be held at the Cambria Heights Elementary School.

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 8** to:
Greater Johnstown Community YMCA, 100 Haynes Street, Johnstown, PA 15901
- 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:

\$50.00 (1ST CHILD) \$40.00 (2ND 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 _____