



# YMCA ADULT LEAGUE

# YMCA INDOOR ROLLER HOCKEY

## PLAYER REGISTRATION FORM

Sponsored by the Greater Johnstown Community YMCA



Each team player must complete a registration form, and read and sign Waiver of Liability on reverse.

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE-DAY \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_ PHONE-EVENING \_\_\_\_\_

**PLEASE SELECT CATEGORY:**

MEN'S LEAGUE \_\_\_\_\_

WOMEN'S LEAGUE \_\_\_\_\_

REGISTRATION FEES NOT PAID BY SPONSORSHIP SHOULD BE PAID BY INDIVIDUAL PARTICIPANTS.

FEE AMOUNT SHOULD BE DETERMINED BY COACH.

TEAM FEE: \$325/TEAM

TEAM NAME: \_\_\_\_\_

<b>FEE PAID BY TEAM</b> _____
<b>BY INDIVIDUAL</b> _____
<b>AMOUNT ENCLOSED</b> _____

### PLEASE COMPLETE THE FOLLOWING REGISTRATION INFORMATION:

#### IN CASE OF EMERGENCY CONTACT:

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

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

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

PLEASE LIST ANY MEDICAL INFORMATION WHICH WE SHOULD BE AWARE:

\_\_\_\_\_  
\_\_\_\_\_

I, the above-named applicant, understand that the YMCA has not provided accident insurance for injuries sustained by me. I give permission for photos of myself at YMCA activities to be used for promotional purposes.

NAME (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

Sponsorship helps us reach out to more children through our sports and other programming.

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

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

COMPANY \_\_\_\_\_ EMAIL: \_\_\_\_\_