



# GREATER JOHNSTOWN COMMUNITY YMCA ADULT/TEEN BASKETBALL REGISTRATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

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

AGE: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

## IN CASE OF EMERGENCY CONTACT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

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? \_\_\_\_\_

\*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 \_\_\_\_\_

**PLEASE SIGN THE WAIVER OF LIABILITY ON THE REVERSE SIDE**