



**2011 YMCA-WINNERS INDOOR SOCCER REGISTRATION**  
**Sponsored by the Greater Johnstown Community YMCA**

**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).**
- Orientation and practice will be held at the Cambria Heights Elementary School (Carrolltown) Saturday, **January 15, 2011.**  
 Ages 5-6 at 9:00 am, ages 7-8 at 10:30 am, ages 9-12 at 11:30 pm.
- Games will be scheduled by the Coordinator based on registration numbers for each age group.
- Approximate play times: Ages 5-6 from 9:00 to 10:00. Ages 7-8 from 10:30-11:30 Ages 9-12 from 11:30 to 1:00.
- Once Teams are determined, games will be played on Saturdays through **March 12, 2011.** (Snow days may be added if needed.)
- Completed registration form and payment **made payable to the Johnstown YMCA** can be mailed to the YMCA by January 15 or brought to first day orientation (January 15) to:

Greater Johnstown Community YMCA  
 ATTN: Vicki Clark, Physical & Sports Program Director  
 100 Haynes Street, Johnstown, PA 15901  
 For more information, call the Johnstown YMCA at 814-535-8381.

----- **HURRY—LIMITED ENROLLMENT** -----

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 \_\_\_\_\_

REGISTRATION FEE: \$35.00 (1<sup>ST</sup> CHILD) \$30.00 (2<sup>ND</sup> CHILD)

**PLEASE CIRCLE THE T-SHIRT SIZE(S) YOU WOULD LIKE TO ORDER:**

YOUTH 10-12	YOUTH 14-16	<b>AMOUNT ENCLOSED:</b>
ADULT SMALL	ADULT MEDIUM	
ADULT LARGE	ADULT EXTRA LARGE	

**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, complete the following information and the YMCA will contact you.**

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

COMPANY (IF APPLICABLE) \_\_\_\_\_ PHONE-EVENING \_\_\_\_\_