



YMCA YOUTH COMPETITIVE BASKETBALL

GRADES 1-6 INDIVIDUAL PLAYER REGISTRATION FORM

Sponsored by the Greater Johnstown Community YMCA



NAME _____ BIRTHDATE _____

ADDRESS _____ PHONE-DAY _____

_____ ZIP _____ PHONE-EVENING _____

PLEASE SELECT THE GRADE YOUR CHILD WILL PARTICIPATE IN:

1 & 2 _____

3 & 4 _____

5 & 6 _____

PLEASE INDICATE WHETHER YOUR CHILD IS ON A TEAM OR IS REGISTERING AS AN INDIVIDUAL PLAYER. (It is not guarantee that individuals will be placed on a team.):

_____ INDIVIDUAL CHILD: \$30.00

_____ TEAM PARTICIPANT: \$275/TEAM

TEAM NAME: _____

FEE PAID BY TEAM _____

INDIVIDUAL AMOUNT ENCLOSED _____

PLEASE COMPLETE THE FOLLOWING REGISTRATION INFORMATION:

YEARS OF BASKETBALL EXPERIENCE _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ PHONE-HOME _____

ADDRESS _____ PHONE-WORK _____

_____ ZIP _____

PLEASE LIST ANY MEDICAL INFORMATION WHICH WE SHOULD BE AWARE:

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 _____

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 (IF APPLICABLE) _____ PHONE-EVENING _____