



**GREATER JOHNSTOWN COMMUNITY YMCA
Y-WINNERS PRESCHOOL SOCCER REGISTRATION**



NAME _____ AGE _____
 ADDRESS _____ BIRTHDATE _____
 _____ PHONE _____
 PARENT CONTACT EMAIL: _____

SHIRT SIZE: YOUTH SM _____ MED _____ LG _____
 ADULT SM _____ MED _____ LG _____ XL _____

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: _____

THE YMCA RELIES ON VOLUNTEERS:

WOULD YOU LIKE TO BE A REFEREE? _____ 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 me or my child.

I give permission for photos of my child and/or myself at the YMCA activities to be used for promotional purposes.

GUARDIANS/PARENTS NAME (PRINT) _____

GUARDIANS/PARENTS SIGNATURE _____

*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 _____