



GREATER JOHNSTOWN COMMUNITY YMCA Y-WINNERS BASKETBALL REGISTRATION



NAME _____

AGE _____

ADDRESS _____

BIRTHDATE _____

DAY PHONE _____

EVENING PHONE _____

**SELECT THE AGE GROUP
YOU WANT YOUR CHILD
TO PARTICIPATE IN:**

5-6 _____

7-8 _____

9 through 12 _____

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

\$30.00 (1ST CHILD) \$25.00 (2ND CHILD)

YOUTH 10-12

YOUTH 14-16

ADULT SMALL

ADULT MEDIUM

ADULT LARGE

ADULT EXTRA LARGE

AMOUNT ENCLOSED:

PLEASE COMPLETE THE FOLLOWING REGISTRATION INFORMATION:

CHILD'S YEARS OF BASKETBALL EXPERIENCE _____

ANY REQUESTS? _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ PHONE-HOME _____

ADDRESS _____ PHONE-WORK _____

_____ ZIP _____

PLEASE LIST ANY MEDICAL INFORMATION 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, please complete the following information and the YMCA will contact you.

NAME _____ PHONE-DAY _____

COMPANY (IF APPLICABLE) _____ EMAIL: _____