



# GREATER JOHNSTOWN COMMUNITY YMCA Y-WINNERS SOCCER REGISTRATION



NAME \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

\_\_\_\_\_

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

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

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