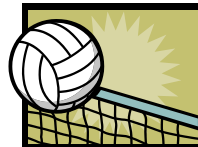




Y-WINNERS VOLLEYBALL REGISTRATION 2011

A Developmental Program sponsored by the Greater Johnstown Community YMCA



EVERYONE WELCOME!! REGISTRATION LIMITED!
Any child from any area, any school district, Grades 3 through 8.

GENERAL INFORMATION:

- Players will be placed on teams according to grade and number of years of playing experience.
- Program will begin on **Saturday, March 26, 2011** and will be held each Saturday through **May 28, 2011**.
- All games will be played at the **St. Nicholas Community Center, Nicktown** on **Saturday mornings**.
Grades 3, 4, & 5 time slot is 9:00 – 10:30 AM; grades 6, 7, & 8 time slot is 10:30 – 12:00 PM.
- **ALL REGISTRATION WILL BE MAIL-IN; NO ON-SITE REGISTRATION WILL BE HELD.**
- For more information, call the Johnstown YMCA at (814) 535-8381.
- Completed registration form and payment **made payable to the Johnstown YMCA** can be sent **by March 19, 2011** to:
Greater Johnstown Community YMCA
100 Haynes Street, Johnstown, PA 15901

(Cut here and keep top section)

NAME _____ BIRTHDATE _____
 ADDRESS _____ PHONE-DAY _____
 _____ ZIP _____ PHONE-EVENING _____

PLEASE CIRCLE THE GRADE YOUR CHILD IS IN AND INDICATE THE SCHOOL HE OR SHE ATTENDS:

3RD, 4TH, 5TH 6TH, 7TH, 8TH
 (Maximum 32 children) (Maximum 32 children)

SCHOOL: _____

PROGRAM FEE: \$35.00 (1ST CHILD) \$28.00 (2ND CHILD)
PLEASE CHECK THE T-SHIRT SIZE(S) YOU WOULD LIKE TO ORDER:

___ YOUTH 10-12 ___ YOUTH 14-16
 ___ ADULT SMALL ___ ADULT MEDIUM
 ___ ADULT LARGE ___ ADULT EXTRA LARGE

AMOUNT ENCLOSED:

PLEASE COMPLETE THE FOLLOWING REGISTRATION INFORMATION:

YEARS OF VOLLEYBALL EXPERIENCE _____

ANY REQUESTS? _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ PHONE-HOME _____

ADDRESS _____ PHONE-WORK _____

_____ ZIP _____

PLEASE LIST ANY MEDICAL OR OTHER INFORMATION WHICH WE SHOULD BE AWARE OF:

THIS PROGRAM CANNOT RUN WITHOUT VOLUNTEERS!

PLEASE VOLUNTEER! : ___ COACH ___ REFEREE ___ SCOREKEEPER

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 to promote the program.

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) _____ PHONE-EVENING _____