



Armstrong County YMCA



Junior Penguins Deck Hockey

Age Group (please circle) Juniors 7-9 Seniors 10-12

Age as of September 1 _____

Child's Name _____

Emergency Contact _____

Address _____

City _____ Zip _____

Phone _____ Cell (optional) _____

E-mail (optional) _____

Allergies or Medical Conditions _____

Shirt Size (circle) YM YL AS AM AL AXL

Waiver: In acceptance of the registration, I hereby release the Armstrong County YMCA and any of its representatives involved in this league from any and all contentions or claims of damages or injuries suffered by me or my child as a result of my child's participation in this league.

Signature of Parent/Guardian _____

****Coaches Meeting: Wednesday February 10th @ 6:30PM at the YMCA.*
Questions or to volunteer coach, contact JP Katich at 724-545-9622.***

Registration: January 25th – February 12th

**There will be a waiting list after the February 12th deadline.
IF SPACE IS AVAILABLE participants may be placed on a team.**

Fee: Member \$20 Non-Member \$40

**Form and fee may be mailed to: Armstrong County YMCA
138 North Water Street
Kittanning, PA. 16201**

