

# St. Matthew 2012/2013 CYO Travel Basketball Registration

Please **Do Not** mail or drop off form prior to the tryout date. The completed form and payment should be handed to the coach at the tryout.

Information on tryout dates and time will be posted on the website and in the bulletin, when possible, beginning in August.

Interested parties should check the website often for newly posted tryouts <http://www.smrcc.org/st-matthew-athletics>

Family Information							
Last Name	Street	Town	Zip	St Matthew Parishioner? Yes No			
Home Phone #	Work/Cell Phone #	Parents Names		Email (mandatory)			
Player Information							
Last Name	First Name	Date of Birth	Gender	Grade as of Sept 2012	School Sept 2012	Height	Travel/Both
1.			Boy    Girl			Ft    In	
2.			Boy    Girl			Ft    In	
3.			Boy    Girl			Ft    In	
<b>Payment and Refund Information:</b>							
<ul style="list-style-type: none"> <li>All payments must be made by credit card or check, payable to St. Matthew Athletic Department. Travel registration form and payment must be submitted at the tryout.</li> <li>Registration fees will not be processed until a player is placed on a roster. If the player is not placed on a travel team after tryouts, ALL registration forms and payments will be returned.</li> <li>Registration fees include 2 raffle ticket entries in our annual Trophy Day Celebration raffle. Attendance not required to win.</li> <li><b>Refund Policy NO EXCEPTIONS</b> – Once a player is placed on a roster and payments are processed, no refunds will be made.</li> </ul>							
<b>Uniform Information</b>							
Registration fees <b>do not</b> include uniforms. All players must purchase a uniform and must wear the uniform (shorts and jersey) to all games. Travel players may re-use their uniform from the prior seasons at their option. Uniform sale dates will be announced. Uniform price: \$65.							
<b>Payment Calculation</b>				<b>Amount Paid: \$</b> _____			
Travel Registration	_____ @ \$220 =	\$ _____	<b>Method of Payment (Circle One)</b>				
Prepay Uniform	_____ @ \$65 =	\$ _____	American Express	VISA	Mastercard	Check # _____	
Intramural Registration for CYO Player	_____ @ \$85 =	\$ _____	Credit Card # _____			Exp Date _____	
<b>Total</b>		\$ _____	Name On Card _____		Signature _____		
				Billing Address on Card _____			
<b>Volunteer/Coach Information (Please circle or select one):</b> Grade(s) : _____ Travel Coach _____ Assistant Coach _____ Team Parent _____ Volunteer _____							
<b>Medical Information:</b> Please list any medical information that might limit your child's participation in the program.							
<b>I hereby grant permission for my child to participate in the program and agree to the stated policies.</b>							<b>Date</b>
<b>Parent/Guardian Signature (REQUIRED) X</b> _____							