

St. Matthew 2013/2014 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. Tryout dates and time will be posted on the website beginning late summer. 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 (Sept 2013)	School (Sept 2013)	Height	Travel/Intramural/Both
1.			Boy Girl			Ft In	
2.			Boy Girl			Ft In	
3.			Boy Girl			Ft In	

Payment and Refund Information:

- 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.
- 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.
- Registration fees include 2 raffle ticket entries in our annual Trophy Day Celebration raffle. Attendance not required to win.
- Refund Policy NO EXCEPTIONS** – Once a player is placed on a roster and payments are processed, no refunds will be made.

Uniform Information

Registration fees **do not** 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

<p style="text-align: center;">Payment Calculation</p> <p>Travel Registration Fees _____ @ \$220 each = \$ _____</p> <p>or</p> <p>Travel & Intramural Registration _____ @ \$300 each = \$ _____</p> <p>Travel Uniform _____ @ \$65 = \$ _____</p> <p>Total = \$ _____</p>	<p>Amount Paid: \$ _____</p> <p>Method of Payment (Circle One)</p> <p>American Express VISA Mastercard Check # _____</p> <p>Credit Card # _____ Exp Date _____</p> <p>Name On Card _____ Signature _____</p> <p>Billing Address on Card _____</p>
---	--

Volunteer/Coach Information (Please circle or select one)

Grade(s) : _____ Travel Coach _____ Assistant Coach _____ Team Parent _____ Program Volunteer _____

Medical Information: Please list any medical information that might limit your child's participation in the program.

I hereby grant permission for my child to participate in the program.

Date

Parent/Guardian (REQUIRED) X _____