

# St. Matthew 2013/2014 Intramural Basketball Registration

Visit our website; [www.smrcc.org/st-matthew-athletics](http://www.smrcc.org/st-matthew-athletics), for additional information associated with the intramural basketball program.

Family Information							
Last Name	Street Address	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 (please circle)	Grade as of Sept 2013	School as of Sept 2013	Height	
1.			Boy    Girl			Ft    In	
2.			Boy    Girl			Ft    In	
3.			Boy    Girl			Ft    In	
Uniform Information							
<p>All players must wear a St. Matthew uniform to participate in intramural basketball games. Intramural players may re-use their uniform from the prior seasons or purchase a uniform for the upcoming season. Uniform sale dates will be announced on the website, the church bulletin and through email notifications. Partial uniforms, shorts only or jersey only can be purchased on uniform sale dates.</p>							
Payment Information							
<ul style="list-style-type: none"> <li>Return form with payment to: St. Matthew Roman Catholic Church, <b>ATTN Athletic Department</b>, 35 N. Service Road, Dix Hills NY 11746 631-499-8520.</li> <li>Registration fees include 2 raffle ticket entries in our annual Trophy Day Celebration raffle. Attendance not required to win.</li> <li>No registrations will be accepted if received after 10/31/13 without \$25 late fees included in payment.</li> <li>Refund Policy <b>NO EXCEPTIONS</b>: Full refund if withdrawn prior to 11/1/13- Credit Voucher from 11/1/13 through 12/1/13- No refunds after 12/1/13.</li> </ul>							
Intramural Registration (First Child)      1    @ \$140 =    \$ _____ Intramural Registration (Additional Children)    ___ @ \$120 =    \$ _____ Intramural Uniform - \$25                                ___ @ \$25 =    \$ _____ Mandatory Registration Late Fee after 11/1/13    ___ @ \$25 =    \$ _____ <p style="text-align: right;"><b>Total</b>                                \$ _____</p>				<b>Amount Paid:</b> \$ _____ <b>Method of Payment (Circle One):</b> Check _____    Credit Card _____ American Express                                VISA                                MasterCard                                Check # _____ Credit Card # _____                                Exp Date _____ Billing Address on Card _____ Name On Card _____                                Signature _____			
<b>Volunteer/Coach Information (Please circle or select one):</b> Grade(s) : _____    Intramural 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>As the parent/guardian of registrants, I hereby grant permission for my child to participate in the sports program indicated above.</b>				<b>Signature</b> X _____ <b>Parent/Guardian (REQUIRED)</b>		<b>Date</b> _____	