

St. Matthew 2011/2012 Intramural Basketball Registration

St. Matthew Roman Catholic Church, 35 N. Service Road, Dix Hills NY 11746 631-499-8520 www.smrcc.org

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 2011)	School (Sept 2011)	Height	
1.			Boy Girl			Ft	In
2.			Boy Girl			Ft	In
3.			Boy Girl			Ft	In

REGISTRATION FEES AND PAYMENT INFORMATION **REGISTRATION DUE: OCTOBER 1st**

All payments must be by check or by credit card. Make checks payable to St. Matthew. Please place all completed registration forms in the locked suggestion box by the gym or mail to Sr. Kay McCarthy, St. Matthew Church, 35 North Service Road, Dix Hills, New York 11746. Intramural registration fees are \$130 for the first child in the family. The registration fee for each additional child in the same family is \$90. **Refund Policy** - Full refund if withdrawn prior to 11/1/11- Credit Voucher from 11/1/11 through 12/1/11 **No refunds after 12/1/11.**

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. Intramural players may re-use their uniform from the prior seasons at their option. Uniform sale dates will be announced. Uniform price - \$25.

Payment Calculation				
Intramural Registration (First Child)	1 @ \$130	\$ _____	Amount Paid: \$ _____	
Intramural Registration (Additional Children)	___ @ \$90 each =	\$ _____	Method of Payment (Circle One)	
Late Registration Fee (After 10/1/11)	@ \$20	\$ _____	American Express	VISA
Prepay Uniforms - \$25		\$ _____	Master card	Check # _____
Total		\$ _____	Credit Card # _____	Exp Date _____
			Name On Card _____	Signature _____
			Billing Address on Card _____	

Volunteer/Coach Information (Please circle or select one)

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

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

As the above parent/guardian, I hereby grant permission for my child to participate in the sports program indicated above.	Signature	Date
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