

St. Matthew 2012/2013 Intramural Basketball Registration

Visit our website; 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 2012	School as of Sept 2012	Height	
1.			Boy Girl			Ft In	
2.			Boy Girl			Ft In	
3.			Boy Girl			Ft In	
Uniform Information							
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.							
Payment Information							
<ul style="list-style-type: none"> Return form with payment to: St. Matthew Roman Catholic Church, ATTN Athletic Department, 35 N. Service Road, Dix Hills NY 11746 631-499-8520. Registration fees include 2 raffle ticket entries in our annual Trophy Day Celebration raffle. Attendance not required to win. No registrations will be accepted if received after 10/31/12 without late fees included in payment. Refund Policy NO EXCEPTIONS: Full refund if withdrawn prior to 11/1/12- Credit Voucher from 11/1/12 through 12/1/12- No refunds after 12/1/12. 							
Intramural Registration (First Child) 1 @ \$140 = \$ _____			Amount Paid: \$ _____				
Intramural Registration (Additional Children) ___ @ \$105 \$ _____			Method of Payment (Circle One): Check Credit Card American Express VISA MasterCard Check # _____				
Prepay Uniforms - \$25 ___ @ \$25 = \$ _____			Credit Card # _____ Exp Date _____				
Total \$ _____			Name On Card _____ Signature _____				
Billing Address on Card _____							
Volunteer/Coach Information (Please circle or select one): Grade(s) : _____ Intramural Coach _____ Assistant Coach _____ Team Parent _____ Volunteer _____							
Medical Information: Please list any medical information that might limit your child's participation in the program.							
As the parent/guardian of registrants, I hereby grant permission for my child to participate in the sports program indicated above.				Signature X _____ Parent/Guardian (REQUIRED)		Date _____	