

St. Matthew 2011/2012 CYO Travel Basketball Registration

St. Matthew Roman Catholic Church, 35 N. Service Rd. Dix Hills, NY 11746 631-499-8520

Tryout dates and time will be posted on the website beginning late summer. Interested parties should check the website often for newly posted tryouts. 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:

All payments must be by check or by credit card. Make checks payable to St. Matthew. Travel registration fees are \$220 per player and must be paid **immediately at the end of the tryout session.** Please give all completed registration forms and payment to the coach who will place it in the locked suggestion box by the gym c/o of Sister Kay McCarthy **Refund Policy - No refunds after player is selected for a travel team subsequent to tryouts.**

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: \$70.	
<p style="text-align: center;">Payment Calculation</p> <p>Travel Registration _____ @ \$220 each = \$ _____</p> <p>Prepay Uniform - \$70 \$ _____</p> <p>Total \$ _____</p>	<p>Amount Paid: \$ _____</p> <p>Method of Payment (Circle One)</p> <p>American Express VISA Master card 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.

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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