

LAST NAME	FIRST NAME	BIRTH DATE	SCHOOL	GRADE 5 ____ 6 ____	
STREET ADDRESS		TOWN / CITY	ZIP CODE	PHONE NUMBER	HEIGHT
				H: W: C:	
LIST ANY MEDICAL PROBLEMS OR PHYSICAL HANDICAP OF WHICH THE TEAM COACH SHOULD BE AWARE:					
NAME OF PARENT OR GUARDIAN			E-MAIL ADDRESS		
EMERGENCY CONTACT / PHONE NUMBER			COMMENTS / REQUESTS		
PLEASE CHECK: CATHOLIC ____ NON-CATHOLIC ____					
Catholic players must check the appropriate box below <input type="checkbox"/> I am a registered member of St. Martin's parish. <input type="checkbox"/> I am a registered member of _____ parish. <input type="checkbox"/> I am not currently registered at a parish.			Catholic players must check the appropriate box below <input type="checkbox"/> I am registered for religious education at St. Martin's. <input type="checkbox"/> I am registered for religious education at _____. <input type="checkbox"/> Letter indicating registration? Y N <input type="checkbox"/> I am not currently registered for religious education. <input type="checkbox"/> I attend St. Martin School.		
DAYS UNABLE TO PRACTICE (Please circle) M Tu W Th F			ARE YOU PLANNING TO ATTEND TRAVEL TRYOUTS? Y ____ N ____		
DID YOU PLAY AT ST. MARTIN'S LAST YEAR? YES ____ NO ____			LIST ANY PREVIOUS BASKETBALL EXPERIENCE:		
LEAGUE NAME AND COACH: _____					
We need assistance in several areas to run this program. Please check the areas where you would be willing to help:					
Head Coach ____		Referee ____		Parent Monitor ____	
Assistant Coach ____		Program Administrator ____		Fundraising ____	
				Other ____	
I agree to my son / daughter participating in the St. Martin CYO Basketball Program per the following rules and conditions:					
<ol style="list-style-type: none"> Any damage to school property, either at St. Martin's or any other gym, for which my child is responsible, will be reimbursed by me. In the event of a medical problem, coaches or program officials are authorized to act in my behalf to obtain treatment for my child. I waive all claims against St. Martin's School, Basketball Program officials, coaches and participants for any injuries incurred while playing basketball for St. Martin's. I understand that it is incumbent on me to have adequate insurance and I will not seek reimbursement from St. Martin's. My child will be placed on a team commensurate with his / her playing ability. Once chosen for a team, the child will not be transferred to another team regardless of the reason. I will not leave my child at St. Martin's unless there is an adult who is responsible for his / her behavior. 					
CHECKER _____			SIGNATURE OF PARENT OR GUARDIAN _____		DATE _____
FOR PROGRAM USE ONLY:					
DATE OF APPLICATION: _____			CHECK #: _____		
AMOUNT: _____			CASH: _____		