

LAST NAME	FIRST NAME	SEX M / F	BIRTH DATE	SCHOOL	GRADE 2 ____ 3 ____
STREET ADDRESS		TOWN / CITY	ZIP CODE	PHONE NUMBER H: W: C:	HEIGHT
LIST ANY MEDICAL PROBLEMS OR PHYSICAL HANDICAP OF WHICH THE TEAM COACH SHOW 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 ____ I am a registered member of St. Martin's parish. ____ I am a registered member of _____ parish. ____ I am not currently registered at a parish.			Catholic players must check the appropriate box below ____ I am registered for religious education at St. Martin's. ____ I am registered for religious education at _____. ____ Letter indicating registration? Y N ____ I am not currently registered for religious education. ____ I attend St. Martin School.		
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 ____	
I agree to my son / daughter participating in the St. Martin CYO Basketball Program per the following rules and conditions:					
1. 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. 2. In the event of a medical problem, coaches or program officials are authorized to act in my behalf to obtain treatment for my child. 3. 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. 4. 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. 5. 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: _____		