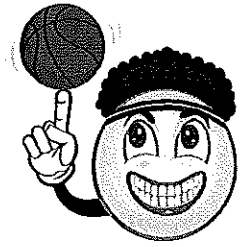


St. Matthew UMC Basketball Registration Form

Please return registration form and fees to the church office by Sunday, September 26th. **Late registrations will not be taken.** Cost of registration includes league participation fee and gym fees for the season. *Make checks payable to St. Matthew.*



Please use a separate registration form for each player!

This year we will be joining the CLBBY: Church League Basketball for Youth. You may notice a few small changes for this year, for example the cost for participation has been split evenly for all players participating this year. Also, your gym fee has been included in this price as well as equipment and supplies provided by the league. The other change you will see is how the teams are organized. Please pay special attention to the age and grade breakdown for teams this year. Lastly, Men's teams in this league are based on skill level rather than age.

Please contact Rebecca Griffeth if you need a basketball jersey for this year.

Team	Guidelines		Fees
I Mites : 5K & 1st grade	Co-ed Teams	Cannot be 7 prior to 9-1-10	\$30
Mites : 2nd & 3rd grade	Boy, Girl, Co-ed Teams	Cannot be 9 prior to 9-1-10	\$30
Midgets: 4th & 5th grade	Boys, Girls	Cannot be 11 prior to 9-1-10	\$30
Juniors: 6th, 7th, and 8th grade	Boys, Girls	Cannot be 14 prior to 9-1-10	\$30
Seniors: 9th –12th grades	Boys, Girls	Cannot be 19 prior to 9-1-10	\$30
Adults : age 19 and older	Men, Women		\$30



Parent/Guardian Name: _____

Full Address _____ _____	Home and Cell Numbers _____ _____
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Email: _____

Player' Name _____

DOB: _____ Age: _____ Grade: _____

CHURCH LEAGUE BASKETBALL FOR YOUTH

I/We hereby state that our daughter/son _____ is covered by _____ insurance policy. I/We also hereby release Church League Basketball for Youth, all coaches, and participating churches for any responsibility in the case of an accident that might occur to my/our daughter/son while participating in any League activities.

Signature: _____ Date: _____

I/We understand that in the event of an accident that would require emergency treatment; that every effort will be made to reach me/us. If I/we cannot be reached, I/we give permission to the responsible coaches and or CLBBY personnel to secure medical attention for my/our daughter/son.

Signature: _____ Date: _____

PLEASE FILL OUT THE BOTTOM PORTION IF IT APPLIES TO YOU

My/Our daughter/son _____ has a medical condition that requires the wearing of a medical assist devise. This devise has been prescribed by _____ MD. It is my/our request that my/our daughter/son be allowed to participate in the activities of Church League Basketball for Youth. I/We understand that there is an added risk of injury to my/our daughter/son and other participating players and officials because of the presence of this devise. I/We release Church League Basketball for Youth, the Directors of Church League Basketball for Youth, all coaches, officials, participating players, and churches from any responsibility in the case of an accident that might occur to my/our daughter/son while participating in League activities. I/We will assume responsibility for any injury that might occur to other players and officials because of the presence of this devise.

Signature: _____ Date: _____

I _____ MD, having prescribed the above mentioned medical assist devise for _____, know of no reason why this person would be physically hindered from participating in the sport of basketball because of her/his medical condition and the presence of this devise.

Signature: _____ MD: Date: _____