

**ST. JOSEPH PARKS, RECREATION & CIVIC FACILITIES
2011-2012 Youth Basketball Team Registration Form**

Registration Dates: October 3 to November 4, 2011
Schedule Pick Up Date: November 21 thru 23 at the Parks & Recreation Office, 1920 Grand Avenue
Start Dates: Monday, November 28, 2011

Registration is by team only. *Individual registration is not accepted.* Included with team registration is a 7 game schedule.
Please complete all of the information below

SCHOOL NAME: _____

GRADE: _____

BOYS GIRLS (check one)

Team's assumed level of play: (Please check one box)

(Be fair in your assessment. We are trying to avoid depressingly one-sided games. This information is for our Office's Use Only. The players should **not** be told this information. Remind the players that the number assigned their team in the schedule "IN NO WAY" reflects ability.)

GOOD FAIR POOR

COACH/MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: () _____ EVENING NUMBER: () _____

EMAIL ADDRESS: _____

(It will be the manager's responsibility to keep a current address and phone number on file with our department to ensure that you are notified of any changes pertaining to your team.) (ALL PERSONAL INFORMATION IS FOR ADMINISTRATIVE PURPOSES ONLY)

PAYMENT OPTIONS: Please check one

Cash Check Credit Card

Fees: In-Town: \$175 Out of Town: \$200

Please make checks payable to: **Parks & Recreation**

If fees are paid by check, only one check will be accepted, NO Exceptions! We will no longer accept payment from checks made out to the coach or check from each player for their portion.

Required information for all checks: (Cannot accept without this information)

DRIVER'S LICENSE # _____

PLACE OF _____

EXPIRATION DATE: _____

EMPLOYMENT: _____

CREDIT CARD PAYMENT: You must complete the following information.

Credit Card: Please check one MasterCard VISA Discover

Print Cardholders Name: _____

Card Number: _____

3 digit Authorization Code _____

Expiration Date: _____

I authorize the Parks, Recreation & Civic Facilities Department to charge \$_____ to the above listed credit card account.

Cardholders Signature

Date

Special requests will be honored when possible, but cannot be guaranteed. LIST:

Manager's Signature:

(Please complete information on the back of this form.)

*******(For Office Use Only)*******

Amount Paid: _____ Check #: _____ Receipt #/ Authorization Code: _____

**ST. JOSEPH PARKS, RECREATION & CIVIC FACILITIES
2011-2012 Youth Basketball Team Roster Form**

PLAYER NAME	ADDRESS: If out of town include town & state	DATE OF BIRTH
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____

Please attach Waiver of Liability for each player to this registration/roster form. The signed waiver must be on file with the Parks, Recreation & Civic Facilities Department before any player can be allowed to participate.

