

MRH YOUTH SPORTS



Basketball Registration 2011/12 Season
1-8th Grade Boys & Girls



DEADLINE for Registration: October 18, 2011

Register in person October 10th; 6pm to 8pm at MRH Elementary to secure a spot on the roster.

MRHYS Use Only:

RegFrm: _____

PMT: _____

FinAid: _____

Roster: _____

*** _____

For questions, please visit www.mrhouthsports.org, email basketball@mrhouthsports.org or call Marty Carbrey at 645-7060. **Thank you for supporting MRHYS!**

Child's Name: _____

Parent/Guardian: _____

Sex (M/F) _____ DOB _____ Grade: _____

Address: _____

Allergies/Medical conditions? _____

Phone: _____

Email: _____



Registration Fees (includes uniform*)

Payable to 'MRH Youth Sports'

1st thru 6th grade = \$100 per Player**

7th/8th grades = \$135 per player***

*7th/8th grade teams will play in TWO leagues, for a total of 20+ games.
Registration Fee covers ALL costs for BOTH leagues.*

Returning players can request a \$25 uniform rebate IF previous uniform is still complete and in good condition.

Please provide uniform number instead of sizes.

****Financial Assistance may be available through PARC for 50% of the registration fee. Complete application on back and supply documents required:**

Please Include:

- 1. Previous year's IRS tax filing including W-2s**
- 2. Free/Reduced Lunch Acceptance letter from school**
- 3. Current Proof of Residency (like Occupancy Permit)**

- Registration is open to students living in the MRH district.
- Practices will start in late November, with games beginning in January.
- **There will be a \$10 late fee for any registration after 10/18/11. MRHYS reserves the right to close teams when full or reject registrations received after the deadline if teams are too full.**
- **Uniforms will not be ordered for players who have unpaid registration fees or have not submitted a completed Financial Aid Application AND THE REQUIRED DOCUMENTATION.**



Permission and Waiver of Liability:

I affirm I am the parent and/or legal guardian of the Participant named above, and do hereby grant my child/ward permission to participate in the above-named athletic program sponsored by MRH Youth Sports. I understand that MRH Youth Sports is a non-profit, volunteer organization, which sponsors this program as community service. I also understand that all sports, including the one for which I am registering my child/ward entail risk of physical injury, and I voluntarily assume all the risks and hazards incidental to the participation in this activity. Accordingly, I hereby expressly agree to waive all claims against, and hold exempt from liability MRH Youth Sports, its officers, directors, commissioners, coaches, and any other person(s) affiliated with MRH Youth Sports for injury or injuries sustained by my child/ward, from whatever cause, while attending, participating in, or traveling to or from MRH Youth Sports activities.

Signature: _____ Date: _____

Did you attach: Completed Registration Form? Payment? Financial Aid Form (if requesting)? Required Documentation (as listed on Financial Aid application)?

INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.

Uniform Sizes: (Please Circle)

<u>Shirt</u>	<u>Shorts</u>
Adult Large	Adult Large
Adult Med.	Adult Med.
Adult Small	Adult Small
Youth Large	Youth Large
Youth Med.	Youth Med.
Youth Small	Youth Small

Returning players only:
 _____ I don't need a new uniform. I have one from last season. My jersey number is: _____

**Mail Form to: MRH Youth Sports
PO Box 430061
Maplewood, MO 63143**

**Parks And Recreation Cooperative –
Serving Maplewood and Richmond Heights
Financial Assistance Eligibility Guidelines and Application Procedures**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Because some residents are unable to participate in recreation programs or services due to economic hardship, the Cities of Maplewood and Richmond Heights may offer financial aid for registration fees for MRHYS. However – the application below **MUST** be completed and the required documentation attached in order to be considered. **THERE WILL BE NO EXCEPTIONS.**

Documents Required (These **MUST** be attached to your application and registration):

- 1. Previous year's IRS tax filing including W-2s**
- 2. A letter indicating child has been approved for the free or reduced school lunch program with dates of eligibility.**
- 3. Current Proof of Residency, for each participant.**

**Financial Aid is only for 50% of registration fee and
may be subject to annual limitations.**

Scholarship limits and regulations:

Applicants for scholarships are not guaranteed program registration or memberships. All requests remain confidential. Persons will be determine to be of need if they are on a form of public assistance, or have a combined gross income below 125% of the Federal Poverty Guidelines (150% for households with and elderly or disabled person). A limited amount of funding is available. **Maximum amount per person is \$100, or \$300 per household annually.** Applicants may apply for one program each program season or one membership per year.

Program/Membership requested _____ Date _____

Program/Membership cost \$ _____ Amount Requested \$ _____

Parent/Guardian Name _____ Day Phone _____

Child/Participant Name _____ Birthdate ____/____/____

For memberships, list all persons living in this household and their ages.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address _____ City/Zip _____

Telephone _____ School _____ District # _____ Grade _____

I am attaching the following form as required (see list above) _____

Annual household income \$ _____

Reason for scholarship application. (Please be specific, this information will remain confidential and will only be used to determine scholarship assistance if number of applications received exceed available funds.)

I attest, under penalty of perjury, that the document(s) attached are genuine and that all information provided is accurate and reflective of my current, existing financial situation, and all sources of income are accounted for herein.

Applicant Signature _____ Date ____/____/____

**Complete and return to:
MRHYS - with your registration & documents required above
Incomplete Registrations or Applications will NOT be accepted.**