



**West Central Wheat Kings AA Fall Tryout Camp**  
**Registration Form**

Player Name:

Parents' Names:

Address:

Phone:

Email:

Position you currently play:

Which hand do you shoot?

Approximate Weight:

Approximate Height:

Birthdate:

Hospitalization Number: \_\_\_\_\_

I (Parent, Guardian) consent to allow \_\_\_\_\_ to participate in the West Central AA Wheat Kings Tryouts with the intent of playing on the team should he/she be selected.

Parent Name (Please Print)

Parent Signature