

# Kitchener Ringette Association

## 2017-2018 Provincial Player Information & Pre-Registration Information

Cost: \$15 per player per tryout time.

If you have questions please email: [president@kitchennringette.com](mailto:president@kitchennringette.com)

### Contact Information:

Name of Player: \_\_\_\_\_ Address: \_\_\_\_\_  
Name of Parent: \_\_\_\_\_ Street: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ City: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Player ORA#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Association: \_\_\_\_\_

### Player Details:

Level of play Requested (Please Circle): U12PP U14A 14AA U16A U16AA U19A U19AA

Which Positions are preferred by the player:

Position #1 \_\_\_\_\_ Position #2 \_\_\_\_\_

Shooting Hand for Skaters: LH / RH

Please note, that it is up to the discretion of the Coaching Staff which position a player play's during the season, however for tryout/Startup weekend purposes we request to know which position the player prefers.

### Past Three teams the player has played on:

Example:	2015-2016	Team:	Kitchener	Age Group:	U14	Level:	R / <b>A</b> / AA
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Year: \_\_\_\_\_ Team: \_\_\_\_\_ Age Group: \_\_\_\_\_ Level: R / A / AA

Year: \_\_\_\_\_ Team: \_\_\_\_\_ Age Group: \_\_\_\_\_ Level: R / A / AA

Year: \_\_\_\_\_ Team: \_\_\_\_\_ Age Group: \_\_\_\_\_ Level: R / A / AA

R = Regional, A= Provincial Level A, AA = Provincial Level AA

### Training:

Please list any "Off" Season Ringette Play or Training that your player is participating in: (Circle All that Apply)

PEAK Camp	The Grind	National Ringette School (NRS)
Eagle Lake Ringette Camp	G&G	Southern Ontario Ringette Camp (SORC)
Blade 1 Power Skating	Tom Rose Power Skating	Waterloo Ringette Summer Ringette & Skills
Kitchener Ringette Shinny	Tom Rose Defense Skills	
PUSH Goaltending	5-Count Goalie Camp	Halli Berry Goalie Training
Other:	_____	_____

Sport or Training that is ongoing outside of Ringette during the year:

Sport/Training: \_\_\_\_\_ Sport/Training: \_\_\_\_\_

Anything else you want to tell us: \_\_\_\_\_

Parents please be sure to read the WORL Tryout Process and KRA Tryouts Policies online

Has a parent of the player attended an association information session on provincial level of play: \_\_\_\_\_ Y / N

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_