

SWIFT CURRENT GRAPHIC EDGE FEMALE U15AA WILDCATS

2024-2025 TRYOUT REGISTRATION FORM **DEADLINE SEPT 2, 2024**

**Fri Sept 13th 2-4pm (iPlex) Sat Sept 14th 9-11am (FW) & 1:45-3:34pm (FW) Sun Sept 15th 8-10am intersquad (FW)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION: F D G

SHOT: L R

2021-22 TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO We understand that some participants may be here for the experience only. Please circle

NO that regardless of camp outcome you are not interested in playing this season.

By signing this waiver, I agree the player above is eligible to play in the SCMHA in accordance with SHA guidelines. I understand that SCMHA and the Swift Current Graphic Edge Female U15 AA Wildcats are not responsible for accidents or loss of personal items which can occur during games, practices or during transportation to and from. All players must wear and be fully equipped in C.S.A approved equipment. SCMHA regulations, together with SHA regulations govern all play.

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PLAYER SIGNATURE PARENT SIGNATURE

**Please return the completed form along with an E-Transfer of $80.00 by Sept 2nd to** [**u15aascwildcats@gmail.com**](mailto:u15aascwildcats@gmail.com)

**Security Question:** Team Name**; Security Answer:** Wildcats

**More information will come out by email as camp approaches.**