



SWIFT CURRENT BRONCOS U15 AA

TEAM SELECTION CAMP

September 12-14, 2025 (S3 Arena)

REGISTRATION FORM

| PLAYER INFORMATION | |
|---------------------|--------------------|
| Player Name: | |
| Address: | |
| Date of Birth: | Hospitalization #: |
| Height: | Weight: |
| Position: | Shoots (L/R) : |
| Last Season's Team: | League Division: |

| PARENT OR GUARDIAN CONTACT INFORMATION | |
|--|---------------|
| Contact # 1 Name: | |
| Email: | Mobile Phone: |
| Contact # 2 Name: | |
| Email: | Mobile Phone: |

By signing this waiver, I declare that all information supplied on this registration form is accurate and true. I agree the player above is eligible to play in the SCMHA in accordance with Hockey Sask. guidelines. I understand that SCMHA and the Swift Current U15AA Broncos are not responsible for accidents or loss of personal items which occur during games, practices, or during transportation of players to and from games and practices. All players MUST wear certified neck protectors, head gear, face masks, and be fully equipped in C.S.A. approved equipment. SCMHA regulations, together with Hockey Sask regulations, govern all play.

PLAYER X _____

PARENT/GUARDIAN X _____

Please return the completed form along with an e-Transfer of \$80.00 by SEPT 1st, 2025 to
u15aabroncos@outlook.com **Security Question:** Team Name; **Security Answer:** Broncos

Further questions or inquiries can be directed to Richie Bleau at u15aabroncos@outlook.com