[](http://www.scbroncos.com/)

**SWIFT CURRENT PURE CHEM U15 AA BRONCOS**

**REGISTRATION FORM U15 AA BRONCOS TRYOUT CAMP**

**SEPTEMBER 13-15, 2024**

**(Friday, Saturday, Sunday Intersquad)**

**S3 Arena**

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**PLAYER NAME:**

**ADDRESS:**

**PHONE : EMAIL:**

**DOB: HOSPITALIZATION #:**

**HEIGHT**:  **WEIGHT**:  **SHOOTS: POSITION:**

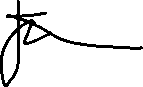
**LAST SEASONS TEAM:**  **LEAGUE DIVISION:**

**PARENTS OR LEGAL GUARDIANS:**

**Father: Cell Phone:**

**Mother: Cell 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 SHA guidelines. I understand that SCMHA and the Swift Current U15 AA 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 SHA regulations govern all play.



**PLAYER X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return the completed form along with an etransfer of $80.00 by SEPT 5th, 2024 to **u15aabroncos@outlook.com**

**Please direct any questions to Curtis Wills at 306-375-7017 or** [**u15aabroncos@outlook.c**](mailto:u15aabroncos@outlook.ca)**om**