

REGISTRATION FORM U15 AA BRONCOS TRYOUT CAMP

SEPTEMBER 9-11, 2022 (Friday, Saturday, Sunday Intersquad) Fairview Arena

| PLAYER NAME: | | | | | | | |
|---|---|--|---|-----------------------------------|--------------------------------------|---|--|
| ADDRESS: | | | | | | | |
| PHONE: | NE: EMAIL: | | | | | | |
| DOB: | НС | OSPITALIZATION # | # : | Ba. | | | |
| HEIGHT: | WEIGHT: | SHOOTS: | POS | ITION: | | | |
| LAST SEASONS TEA | AM: | | LEAGUE | DIVISION: | | | |
| PARENTS OR LEGA | AL GUARDIANS: | | 700 | - | | | |
| Father: | | Cell Phone: | | | | | |
| Mother: | | Cell Phone: | - 30 | Ψ, | | | |
| the SCMHA in accordance vof personal items which oc | clare that all information so with SHA guidelines. I unde cur during games, practices nead gear, face masks, and b | erstand that SCMHA and th s, or during transportation | ne Swift Current U of players to and | 13 AA Broncos ar from games and p | e not responsib practices. All pl | ole for accidents or lo layers MUST wear | |
| PLAYER X | | PARENT/GUAR | DIAN X | 26 | | | |

Please return the completed form along with \$80.00 etransfer by SEPT 1st, 2022 to U15AABroncos@outlook.com

Please direct any questions to Travis Moen @ U15AABroncos@outlook.com