



**2019-2020 West Central Wheat Kings Pee Wee AA Fall Tryout Camp
Registration Form**

Player Name: _____

Parents' Name(s): _____

Address: _____

Phone: _____ (home) _____ (cell)

Email: _____

Position you currently play: _____

Position you would like to tryout for: _____

Which hand do you shoot? Left Right

Approximate Weight: _____ Approximate Height: _____

Birthdate: _____

Saskatchewan Health Card Number: _____

I (Parent/Guardian) consent to allow _____ to participate in the West Central AA Wheat Kings Tryouts with the intent of playing on the team should he/she be selected.

Parent Name (Please Print)

Parent Signature

***Deadline to Register: September 1, 2019
Fall Tryout Registration Forms WILL NOT be accepted unless accompanied with a cheque
for \$75 made payable to West Central Wheatkings.***