



West Central Wheat Kings AA Fall Tryout Camp

Registration Form

Player Name:

Parents Names:

Address:

Phone:

Email:

What team (age group) are you trying out for? Atom   Peewee   Bantam   Midget

Position you currently play:

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.

Please mail form and cheque to appropriate team contact. Fee is \$80.