

# Battle River Shock Tryout Registration

Player Name \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Verified \_\_\_\_ Grade \_\_\_\_\_ AHC Verified \_\_\_\_  
(yy/mm/dd)

Seasons Played \_\_\_\_\_ Teams Played for \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ (city) \_\_\_\_\_ (postal code)

Telephone (403 or 780) \_\_\_\_\_

Email \_\_\_\_\_

## Parents/Guardians Info:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

## Registration Fees (includes Shock t-shirt):

Camp \$100.00 Cash \_\_\_\_\_ Cheque \_\_\_\_\_

Are you hoping to make the team or are you using the camp for conditioning? \_\_\_\_\_

## How did you hear about the Shock?

Friend (if so who), Coach, Newspaper, Poster or

\_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_

EDGEWORTH CENTER GYM MEMBERSHIP  Yes  No