

2020 OPEN TRYOUT REGISTRATION

PLAYER INFORMATION

Full Name: _____ Address 1: _____
Birthday (M/D/Y): _____ Address 2: _____
Gender: Male Female City: _____
Email: _____ Province: _____
Contact Telephone: _____ Postal Code: _____
Mobile Phone: _____ Primary Position _____
Club: _____ Secondary Position _____

Height: _____ Weight: _____

PARENT/GUARDIAN INFORMATION (IF UNDER 18)

Parent/Guardian Name: _____
Parent/Guardian Email: _____
Parent/Guardian Telephone: _____
Parent/Guardian Mobile Phone: _____

PAYMENT METHOD (CIRCLE)

CREDIT CARD/DEBIT CARD

CHEQUE (only accepted on tryout day)

CONFIRMATION OF INSURANCE

MANAGER SIGNATURE: _____