



St. Catharines Jr. Badgers Tryouts Player Information Form

Tryout Number

Please Print clearly

Player's First Name:						
Player's Last Name:						
Street Address:						
City:						
Postal Code:						
Phone Number:						
Email Address:						
Date of Birth: (YY-MM-DD)						
Age as of December 31 this year:						
Team you are trying out for: circle one:	Novice	Atom	Peewee	Bantam	Midget	Intermediate
Division You are Trying out For: circle one	AA	A	BB	B		
Team/Level you played for last season:						
Name of Your Association Last Season:						
Position you Played Last Season:	Left Wing	Centre	Right Wing	Defense	Goalie	
How many Years of Playing Hockey:						
Shoots: (circle one)	Right	Left				
Today's Date:						
Parent/Guardian Name (please print):						
Parent/Guardian Signature:						
*****BY SIGNING THIS FORM YOU AGREE TO TERMS AND REGULATIONS OF SCFHA AND NEW TRYOUT POLICY						
For Office Use Only						
Permission to Skate Form:	Yes	<input style="width: 40px; height: 20px;" type="checkbox"/>	No	<input style="width: 40px; height: 20px;" type="checkbox"/>		
Permission to Skate Form attached:	Yes	<input style="width: 40px; height: 20px;" type="checkbox"/>	No	<input style="width: 40px; height: 20px;" type="checkbox"/>		
Tryout Fee Paid by	Cash	<input style="width: 40px; height: 20px;" type="checkbox"/>	Cheque #	<input style="width: 40px; height: 20px;" type="checkbox"/>	Visa/MC	<input style="width: 40px; height: 20px;" type="checkbox"/>
Amount \$	Name on Cheque _____					