



WHITE ROCK RENEGADES SSWR THUNDER 2009 PLAYER REGISTRATION FORM



Trying out for: Renegades (Rep A) _____ and/or Thunder (Rep B) _____
 Division: Squirt: _____ PeeWee: _____ Bantam: _____ Midget: _____

S.B.C. Membership # _____ Date: _____ Try-out # _____

PLAYER'S NAME: _____
LAST NAME FIRST NAME

ADDRESS: _____

CITY POSTAL CODE

HOME PHONE _____ CELL _____ FAX _____ EMAIL _____

FATHER'S NAME: _____ MOTHER'S NAME: _____
 WORK PHONE: _____ WORK PHONE: _____

Please contact in case of emergency: _____ Phone: _____

PLAYER INFORMATION:

BIRTH DATE: _____ HEIGHT: _____ WEIGHT: _____
Month Day Year Feet Inches Pounds

2008 COACH: _____ 2007 COACH: _____

Please complete if you did not play for the White Rock Renegades last season:

TEAM NAME: _____ COACH: _____

DISTRICT: _____ POSITIONS PLAYED: _____

NAME OF SCHOOL: _____

MEDICAL INFORMATION: _____ MEDICAL NO: _____

ALLERGIES OR OTHER MEDICAL CONCERNS: _____

COACHES' COMMENTS:

REGISTRATION FEE PAID _____ DATE: _____ BY _____