

## **Player Registration Number**

## **Centre for Performance 2018-19 Registration Form**

Please complete and bring with your \$25.00 tryout fee to the first tryout date. Photocopy and distribute as necessary. Check www.basketballmanitoba.ca for tryout times and locations.



Full Name:			
Prese	nt Address:		
City: _		Prov:	Postal Code:
Phone	e: (h) Player's email:		
** IMP	ORTANT: Parent/Guardian Names:		
** IMP	ORTANT: Parent/Guardian Email:		
1.	School		Grade:
2.	Present Age: Birthdate://_		place (Country)
3.	dd mm Are you a Canadian citizen? □ YES □ NO	<i>уууу</i> If no	, of what country?
4.	Height: (feet)		
5.	Shirt Size (men's): Short Size (me	en's):	Reversible Top (men's)
6.	Medical concerns / past injuries / allergies:	:	
_	In case of an emergency, contact:		relation:
7.			

All information gathered will be used for Basketball MB programs and communication purposes only.

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