



Please complete and bring with your **\$25.00** tryout fee to the first tryout date. Photocopy and distribute as necessary. Check [www.basketballmanitoba.ca](http://www.basketballmanitoba.ca) for tryout times and locations.



☐ **15U Female (2002 or later)**    ☐ **17U Female (2000 & 2001)**    ☐ **15U Male (2002 or later)**

*Eligible Birth Years: 17U = 2000 and 2001 ; 15U = 2002, 2003, and 2004*

Full Name:

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ Player's email: \_\_\_\_\_

**\*\* IMPORTANT:** Parent/Guardian Names: \_\_\_\_\_

**\*\* IMPORTANT:** Parent/Guardian Email:

1. School \_\_\_\_\_ Grade: \_\_\_\_\_
2. Present Age: \_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (Province or Country) \_\_\_\_\_  

*dd mm yyyy*
3. Are you a Canadian citizen? ☐ YES ☐ NO If no, of what country? \_\_\_\_\_
4. Height: (feet) \_\_\_\_\_
5. Shirt Size (men's): \_\_\_\_\_ Short Size (men's): \_\_\_\_\_ Reversible Top (men's) \_\_\_\_\_
6. Medical concerns / past injuries / allergies: \_\_\_\_\_
7. In case of an emergency, contact: \_\_\_\_\_ relation: \_\_\_\_\_  
phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

*All information gathered will be used for Basketball MB programs and communication purposes only.*  
**145 Pacific Ave. Winnipeg Manitoba Canada R3B 2Z6 Phone (204) 925-5775 Fax (204) 925-5929**  
**Email [info@basketbalmanitoba.ca](mailto:info@basketbalmanitoba.ca) web site [www.basketballmanitoba.ca](http://www.basketballmanitoba.ca)**

