



# NORMAN WILD MIDEGET AAA

## Hockey Try-Out Registration

2018-2019

Name of Player: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

D M Y

*First Year Bantam*

*Second Year Bantam*

Player Contact Information: \_\_\_\_\_ (Cell) E-mail: \_\_\_\_\_

Medical Health Registration # (6 Digits): \_\_\_\_\_ PHIN# (9 Digits): \_\_\_\_\_

*Shoots Left*

*Shoots Right*

# of Years you have played hockey: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Team you played for in 2017-2018: \_\_\_\_\_

Position you wish to play: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Positions you have played: \_\_\_\_\_

### *Parent Contact Information:*

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

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

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

\_\_\_\_\_  
Phone: \_\_\_\_\_ (H)

\_\_\_\_\_  
Phone: \_\_\_\_\_ (H)

\_\_\_\_\_  
\_\_\_\_\_ (C)

\_\_\_\_\_  
\_\_\_\_\_ (C)

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Registration Fee: \$125   Paid With:             Cash                     Cheque**

*Please return Registration form and payment (cheque or e-transfer) to Head Coach:*

***Karl Steppan  
Box 1153  
The Pas MB R9A 1L2  
Email- [ksteppan@mymts.net](mailto:ksteppan@mymts.net)***

***Registration will not be considered complete without payment***