



Winnipeg Wolves Basketball Club



2012-2013 Try-Out Registration Form

Athlete Registration Number _____

Internal Use Only

Paid? _____

*Please complete the information below and bring this form along with your \$20.00 fee to the initial tryout
All tryouts will take place on Sat. Aug. 11th and Sun. Aug. 12th, 2012 at the **MBCI RED GYM***

PLEASE PRINT CLEARLY!

1. Full Name: _____
first middle last

Present Address: _____

City: _____ Prov: _____ Postal Code: _____ Home Phone: _____

Player's Cell Phone: _____ Player's Email: _____

IMPORTANT: Parent/Guardian Information (*please complete all information whenever possible*)

Mother's Name: _____ Email: _____

Mother's Phone: Home _____ Work _____ Cell _____

Father's Name: _____ Email: _____

Father's Phone: Home _____ Work _____ Cell _____

Emergency Contact: _____ Relation: _____ Phone: _____

3. Present Age: _____ Birthdate: _____ / _____ / _____
dd mm yyyy

4. School (Upcoming School Year) _____ Grade: _____

5. Height: (Feet) _____ Weight (lbs.) _____ Jersey Size (Men's): _____ Shorts Size (Men's): _____

6. Basketball Experience: How many years have you been playing basketball? _____

Please specify what type of team, the name of the team, and how many years of experience:

School: _____ Years: _____

Club: _____ Years: _____

Community Club/Other: _____ Years: _____

7. Medical concerns /past injuries /allergies: _____