



For office use only

Paid by:  
Birth Certificate:  
Health Card:  
Permission/Released:

## REGISTRATION FORM

- Fill out the form completely
- Forms preferred to be received via-email before fall training camp dates
- Camp dates; September 3-5, 2021(Centennial Civic Center Lloydminster)

<mailto:lloydminsterbandits@gmail.com>

- Tryout Cost is \$150.00 (make checks payable to Lloydminster Jr B Bandits)
- Please provided the following copied documents;  
Health Care Card  
Birth Certificate
- Provide any PERMISSION or RELEASED documentations from previous carded team in advance.

NAME: \_\_\_\_\_ DOB: Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_

ADDRESS: \_\_\_\_\_ Email: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: Cell: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

PARENT'S Email: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ SHOT: Left \_\_\_\_\_ Right \_\_\_\_\_

BEST POSITION: \_\_\_\_\_ SECOND BEST POSITION: \_\_\_\_\_

POSITION YOU ARE TRYING OUT FOR: \_\_\_\_\_

LAST TEAM CARDED WITH: \_\_\_\_\_ YEAR: \_\_\_\_\_

COACH: \_\_\_\_\_ PHONE: \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone number: \_\_\_\_\_

ARE YOU CURRENTLY WORKING (Indicate where) OR  
GOING TO SCHOOL? (Indicate school & what taking)

The registrant agrees that the Lloydminster Jr. B Hockey Club will not be held responsible for any accident or loss however caused and agrees to release the Lloydminster Jr. B Hockey Club from any and all claims or damages that may arise as a result of such accident or loss.

DATE: \_\_\_\_\_ PLAYER : \_\_\_\_\_ PARENT: \_\_\_\_\_