



REGISTRATION FORM

For office use only

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

- Fill out the form completely
- Forms preferred to be received via-email before fall training camp dates
- Camp dates; September 9-11, 2022 (Servus Sports Holmes Arena/Centennial Civic Center Lloydminster)
*times will be emailed upon receipt of registration

<mailto:lloydminsterbandits@gmail.com>

- Tryout Cost is \$200.00
(make checks payable to Lloydminster Jr B Bandits or e-transfer to lloydminsterbandits@gmail.com)
- 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: _____

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: _____