



Player Information

Surname: _____ Given Name(s): _____
 Address: _____ Preferred Name: _____ Gender: _____
 _____ Date of Birth: (DD/MM/YY) _____
 Postal Code: _____ Tel.: () _____
Level of play (circle one): Tyke Mosquito PeeWee Bantom

Family Information

Mother's Name: _____ Father's Name: _____
 Other parent: _____ Other parent: _____
 Address (if different than above) _____
 _____ Postal Code: _____
 Mother's Cell: _____ Father's Cell: _____
 Mother's Employer: _____ Father's Employer: _____
 Work Telephone: _____ Work Telephone: _____
 E-mail: _____ E-mail: _____

*Please use 'best-reachable' email addresses.

Medical Information

OHIP Number/Medicare: _____
 Any Medical Problems: _____
Allergies: _____
 Medications: _____
 Previous Injuries: _____

 Emergency Contact Person (other than a parent): Name: _____
 Relationship: _____ Address: _____
 Phone (W) _____ Phone (H): _____
 Phone (C) _____

Photo Release I authorize use of my child's photo for team promotional/news items.

Dated: _____ Signature of Parent(s): _____

Payment: Tyke \$325 Cash Mailed Cheque Cheque # _____
 Mosquito \$375
 Pee Wee \$375 Credit Card _____
 Bantom \$375 Information verified: _____

How did you find out about the Warriors? _____

If recommended to try out for the Warriors, who made the recommendation: _____