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**SMHA 2018-2019 PRE-REGISTRATION FORM**

**THIS IS PRE-REGISTRATION ONLY. THIS FORM MUST BE FILLED OUT IN FULL**

*(HINT: If filling out electronically, please tab between fields)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Player's Name: |  | | | |
| Date of Birth: | Day: | Month: | | Year: |
| Street Address: |  | | | |
| City/Town: |  | | Postal Code: | |
| Primary Phone: |  | | | |
| What year did the **PLAYER FIRST RESIDE** at the above residence? | | | | Year: |

Gender:  MALE  FEMALE

Shoots/Catches:  LEFT  RIGHT

Position:  FORWARD  DEFENCE  NO PREFERNCE  GOALTENDER

NRP/OMHA Player:  YES  NO

|  |  |  |  |
| --- | --- | --- | --- |
| *Mother's Information* | | *Father's Information* | |
| Name: |  | Name: |  |
| Cell: |  | Cell: |  |
| Email: |  | Email: |  |

Did this player play for SMHA last year?  YES  NO

*If NO, please specify where the player played for the last TWO (2) seasons:*

|  |  |
| --- | --- |
| 2017-2018: |  |
| 2016-2017: |  |

|  |  |
| --- | --- |
| Parent Signature: |  |
| Parent Name (Please Print): |  |

***Please print, sign, and bring the completed form to the first tryout with your Tryout fee:***

***SEEDED/MD INCLUSIVE $75 cash • MD ONLY $45 cash • NOVICE $15 per tryout***