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**SMHA 2019-2020 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:*

|  |  |
| --- | --- |
| 2018-2019:  |       |
| 2017-2018:  |       |

|  |  |
| --- | --- |
| 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***