



# White Rock Renegades 2012 PLAYER REGISTRATION FORM Junior A and Senior A

S.B.C. Membership#: \_\_\_\_\_ Date: \_\_\_\_\_ Try-out#: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY POSTAL CODE

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_

## PLAYER INFORMATION

DIVISION: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
MONTH DAY YEAR LBS. FEET, INCHES

2011 COACH: \_\_\_\_\_ 2010 COACH: \_\_\_\_\_

Are you currently attending post secondary school? Yes No

Name of School: \_\_\_\_\_

Are you playing college softball? Yes No

Primary Position Played: \_\_\_\_\_ Secondary Position Played \_\_\_\_\_

Date of availability to play for White Rock Renegades: \_\_\_\_\_

\*If not attending school, what is your current occupation: \_\_\_\_\_

\*If not playing softball at school, are you actively working out and practicing in preparation for summer ball? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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MEDICAL NO. \_\_\_\_\_

ALLERGIES AND/OR MEDICAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

REGISTRATION FEE PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_