



WEST COUNTRY CHIEFS

Notification of Tryout

Player Full Name: _____

Position _____

Player Date of Birth: _____

Player Alberta Health Care: _____

Any health concerns we need to know for the tryout week? _____

Mother's Name: _____

Email Address: _____

Phone Number: _____

Father's Name: _____

Email Address: _____

Phone Number: _____

Emergency Contact Name:

Relationship: _____ Number: _____

I agree with the evaluation and team formation procedure. We know the communication procedure and will follow all said rules and guideline put forth by the amalgamated associations.

Name (please Print): _____

Signature: _____