



RISE UP HOOPS

www.riseup-hoops.com

Player Information

Player's Name: _____ Today's Date: _____
First Name Last Name Day / Month / Year

Player's E-mail: _____ Player's Phone #: _____

Height _____ Age _____ Player's DOB: _____ Grade _____ School _____
Day / Month / Year

Gender: Male Female Alberta Healthcare Number: _____

Travel Outside Calgary: Yes / No Travel Outside Alberta: Yes / No Travel Outside Canada: Yes / No

T-Shirt / Reversible Jersey (TOPS) Size (select one):

- a) Youth Small _____ Youth Medium _____ Youth Large _____ Youth X-Large _____
- b) Adult X-Small _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____

Shorts (BOTTOMS) Size (select one):

- a) Youth Small _____ Youth Medium _____ Youth Large _____ Youth X-Large _____
- b) Adult X-Small _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____

Select your top 5 preferred jersey numbers (we cannot guarantee you will be assigned the below options):

- 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Tryout Fee Form of Payment (\$20): Cash Cheque Tryout Age Group: U10 / U11 / U13 / U15 / U17 / U18

Parent/Guardian Information

Parent/Guardian Name: _____ Signature _____
First Name Last Name

E-mail: _____ Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Address: _____ City: _____ Postal Code _____

Medical Consent

I give Rise Up Hoops permission to seek emergency medical attention/treatment for the above-named player in the event that they are injured while participating in an activity/event held through Rise Up Hoops. _____ (Parent/Guardian Initials)

Physicians' Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

*If participant is under 18, this form must be signed by a Parent or Legal Guardian

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