RUGBY ONTARIO **REPRESENTATIVE TEAM**

2013 TRYOUT REGISTRATION FORM

This form when possible should be filled out by the athlete prior to attending the tryout and submitted to the registration staff at the event.

Program: (Circle One)

BLUES	STORM	JR. BLUES	JR. STORM

Team: (Circle One)

Senior	Senior	U18 (1995)	U18 (1995)
U19 (1994)	U20 (1993)	U17 (1996)	U16 (1997)
		U16 (1997)	
		U15 (1998)	
		U14 (1999)	

Note: Blues & Jr. Blues are the male programs and Storm & Jr. Storm are our female programs

PLEASE PRINT CLEARLY!

Full Name: _____

Address: _____

City: _____ Postal Code: _____ Phone (H): _____

Email Address: _____

School Affiliation (if applicable): _____

Rugby Club Affiliation (if applicable): _____

Date of Birth: _____ Height: _____ Weight: _____
MM/DD/YY Lbs

Usual Position: 1. _____ 2. _____

Health Card # _____

Tryout payment received by athlete **YES** **NO**

If yes **CASH** **CHEQUE # _____** **$**
Final Try out **CASH** **CHEQUE #_____** **$**

Try out T Shirt Received
YES

NO SIZE REQUIRED_____

The Original Copy of this form must be submitted to the Rugby Ontario office, for insurance purposes, with 72 hours of the athletes last tryout.