



TEAM STC Athlete Registration Form

Must be completed in full or athlete will not be able to get evaluated

First Name _____

Last Name _____

Date of Birth _____

Address _____, SK,

Postal code _____

First Nation _____

Treaty # (10 digits) _____

Hospitalization Number _____

Allergies Yes or No..... if yes please list

_____ do you have a epi pen Y or N

Medications yes or no..... if yes please list

Please fill out for each sport you are trying out for

Are you requesting to be a dual athlete? Yes or No

If yes please list the two sports you would like to play and write why you would like to be a dual athlete. _____

Curling

Senior coed ___ Jr Coed ___

How many years have you been curling? _____

What position do you usually play?

Lead ___ 2nd ___ 3rd ___ Skip ___

Table Tennis

18U Male Female 15U Male Female

Are you interested in playing singles, doubles or both?

How many years have you been playing? _____

Badminton

18U Male Female 15U Male Female

Are you interested in playing singles, doubles or both?

How many years have you been playing? _____

Basketball

18U Male Female 15U Male Female

How many years have you been playing for? _____

What position do you typically play?

Point guard__ Centre__ shooting guard__ small forward____ Power forward

What is your dominate hand? R L

Volleyball

18U Male Female 15U Male Female 13U Male Female

How many years have you been playing? _____

What position do you typically play?

Outside hitter __ Right side hitter __ Opposite hitter __ Setter __ Middle blocker/center __ Libero(back row middle) __

What is your dominate hand? R L

Hockey

Male - Midget__ Bantam __ Peewee __ Atom __

Female – Midget/bantam__ Peewee/atom __

How many years have you been playing? _____

What position do you typically play?

Goalie____ Center____ Left Winger____ Right Winger __ Left Defense____
Right defense__

What is your dominant hand? R L

