



PLAY WITH A PLAN!TM
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**2011 Oakville Royals
Tryout Registration Form**

Family Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ Postal Code: _____

Primary Number: _____ Secondary Number: _____ e-mail: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Current Age: _____

School: _____ Graduation Year: _____ Are you planning to graduate as scheduled? Yes No

Height: _____ Weight: _____ Primary Position: _____ Secondary Position: _____

Throws: L R Bats: L R Switch Hitter:

Current / Previous Team(s): _____ Year(s): _____

_____ Year(s): _____

_____ Year(s): _____

_____ Year(s): _____

Please list previous injuries: _____ Year(s): _____

_____ Year(s): _____

_____ Year(s): _____

Do you wear eye glasses / contacts? YES NO

Do you have any food / medicine allergy concerns? YES NO If yes, please provide office with details

Do you have any food sensitivity / religious requirements? YES NO If yes, please provide office with details

Are you cleared by your Family Doctor to participate in competitive Sports? YES NO

Are you interested in progressing to College / University Baseball? YES NO

Are you interested in learning about Academic Scholarship Opportunities? YES NO

Additional Comments: _____
