



NW Calgary
MAVERICKS
F O O T B A L L

2023 MAVERICKS SPRING REGISTRATION FORM

Player Name: _____

Parents Name: _____

Address: _____

Postal Code: _____

Birth Date: _____

Height: _____ ft _____ inch

Weight _____ LB

Player Email: _____ Player Cell: _____

Parents Email: _____ Parent Cell _____

Alberta Health Care Number: _____ School: _____

Grade as of Sept 2022 _____ Returning Maverick: _____ Yes _____ No

If No, Have you played contact football with a club in the past: _____ Yes _____ No

Last position played: _____ Any other positions played: _____

Link to HUDL (if played previously): _____

Parents/Guardian Signature: _____ Date: _____

*****NOTE - \$100 try out fee must be made paid prior to first practice*****