



Sherwood Park Minor Baseball Association and Baseball Alberta 2017 IMPORT PLAYER TRYOUT APPLICATION



**A completed application form and tryout fee must be received by the first tryout in order to participate.
Rep Tryout Fee: Mosquito/PeeWee/ Bantam/Midget—\$50 (payable by cash/cheque to SPMBA)**

Player Information

Last Name: _____ First Name: _____
Date of Birth: M D Y Gender M / F AB Health Care No. _____
Family Email _____ Division (circle) Mosquito PeeWee Bantam Midget

Parent/Guardian Information

Address Same as Father

Father's Last Name _____ Mother's Last Name _____
Father's First Name _____ Mother's First Name _____
Address: _____ Address: _____
City / Province: _____ City / Province: _____
Postal Code: _____ Postal Code: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____

Player Experience Throw: L / R Hit: L / R Positions played: _____

Did you play for SPMBA last year? Yes / No If yes, how many consecutive years have you played for SPMBA? _____

What team/level did you play last year? _____

If no, where did you play? _____ What team/level did you play? _____

References (minimum of 2; include name, phone #, relationship): _____

Why do you want to play for the Sherwood Park Athletics (A's)? _____

What other associations are you going to tryout with (name/level)? _____

Player Commitment

If SPMBA grants the tryout and the player is selected to play on one of our teams, the player agrees to abide by the rules and guidelines of SPMBA. Failure to do so may result in the player's membership being withdrawn and returned to the home association. In future years, should the home association not offer an equivalent level of play, the player agrees to transfer to SPMBA before going to other associations. SPMBA reserves the right to withdraw this invitation upon written notice to the player/parents.

Parent/Guardian Commitment

If the player is selected to play on one of our teams, the parents agree to pay the applicable registration fees to SPMBA and apply to the home association for any refund of fees already paid. The parents also agree to support the rules and guidelines of SPMBA. Failure to do so may result in the player's membership being withdrawn and returned to the home association.

Print name of Parent/Guardian

Signature of Parent/Guardian

Print name of Parent/Guardian

Signature of Parent/Guardian

Print name of Player

Signature of Player Dated this _____ day of _____, 20__

OFFICE USE ONLY Date Application Reviewed: _____ Tryout Granted: Yes / No
Tryout Fee Collected (amt/date): _____ Player Advised (date): _____
SPMBA Vice President – Rep Program Signature _____ Corrie Davis
SPMBA, Box 57069 RPO Eastgate, Sherwood Park, AB T8A 5L7 • www.spmba.ca • 780-464-BALL (2255)