



St. Boniface Riels 2026– 2027 PLAYER PROFILE

Tryout Payment of \$175.00

Payment method: E-Transfer at rielshockey@gmail.com

***PLEASE PRINT & submit to rielshockey@gmail.com**

Player Information:

Last Name: _____ First Name:: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Players E-mail Address: _____

Home Phone : _____ Cell : _____ Work: _____

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

Height: _____ Weight: _____

Shoot: _____ Position : _____

Medical #: _____ (9 digit)

Allergies _____

2025/26 Team played for: _____

2024/25 Team played for: _____

Parent Information:

Parent Names: _____

Mom Cell # _____ Dad Cell # _____

Mom Ph # _____ Dad Ph # _____

Mom's e-mail address _____

Dad's e-mail Address _____