



St. Joseph High School Student Application

Please fax or scan this application and required documents

Fax: 403-341-4423 Email: stjoeinfo@rdcrs.ca

Ball Academy

Date: _____

____ Softball

____ Baseball

Student's Name:	Grade:	Gender:
School Currently Attending:		
Parent's Name:	Parent Contact Numbers: Home: Cell:	
Address:		
Email Address:		

Documents Required

(Please check and include a copy)

- Most recent Report Card (History of courses and marks)
- Documentation of Legal Name, e.g.: Birth Certificate, Passport

Player Demographics

Current Team/Club:	Level:
Previous Coach:	Number of years with Club:
Preferred Position: <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> Infield <input type="checkbox"/> Outfield	
Throws: <input type="checkbox"/> Left <input type="checkbox"/> Right	
Bats: <input type="checkbox"/> Left <input type="checkbox"/> Right	
Height:	Weight:

Meeting Date

Administration Signature