



Central Florida Anarchy Player Application

Player Application		
Player Information		
Full Name:		Preferred E-mail Address:
Date of birth:		Phone:
Are you a U.S. citizen or legal U.S. resident?		
Current address:		
City:	State:	ZIP Code:
Are you currently employed or a student?		If so, where?
Height:		Weight:
T-Shirt Size:		Hometown:
Experience and Interest		
Have you played organized women's tackle football in the past?		How long did you play?
Positions played:		What position(s) are you most interest in?
Please list any prior athletic and team participation:		
Would you be able to attend three practices a week?		
Please indicate if you would be willing to attend team community service events.		
Emergency Contact Information		
Name of Emergency Contact Person:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Health Insurance Information		
Primary Insurance Provider:		
Subscriber's Name:	Relationship to Subscriber:	Subscriber's Employer:
Group Number:		Policy Number:
<p>Applicant is required to bring their insurance card with them to registration. Without proof of insurance, applicant will not be allowed to participate in any practice. NO EXCEPTIONS!</p> <p><input type="checkbox"/> Please check here if you do not have health insurance and would like assistance obtaining the <u>accidental injury insurance</u> required by the WFA.</p>		
Please indicate any friends you have that may be interested in joining the team:		
Name	E-Mail	Phone



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How did you hear about the team?

Please address any questions or concerns in the space below:

Signatures

I authorize that the information provided on this form is to the best of my knowledge and that the information contained therein shall be used strictly for use by The Central Florida Anarchy, LLC on my behalf.

Signature of Applicant:

Date:

Upon completion, please forward this application to recruiting@cfanarchy.com.