

Player profile Information (all players must fill this out)

Name _____ DOB _____ AGE _____

School _____ Grade fall of 2011 _____

Home address _____

Home phone _____ Parents cell _____

Players cell _____ Texting? ___yes ___no

PRIMARY EMAIL CONTACT: _____

Emergency contact _____

Medical Insurance Information:

Company _____ Policy Number _____

Any health problems we need to be aware of? _____

USFH Membership Number _____

When obtaining your USFH membership you must now put a CLUB affiliation there is a drop down menu for this we are listed as Richmond Panthers United ALL players must be USFH members for insurance purposes and to participate in any USFH tournaments or events.

_____ DIVISION

Do not write below this—office use only

NAME _____ DIVISION _____

