



# Orlando Anarchy Player Application

## Player Application

### Player Information

Full Name:	<input type="text"/>	Preferred E-mail Address:	<input type="text"/>
Date of birth:	<input type="text"/>	Phone:	<input type="text"/>
Are you a U.S. citizen or legal U.S. resident?			
Current address:			
City:	<input type="text"/>	State:	<input type="text"/>
		ZIP Code:	<input type="text"/>
Are you currently employed or a student?		If so, where?	
Height:	<input type="text"/>	Weight:	<input type="text"/>
T-Shirt Size:	<input type="text"/>	Hometown:	<input type="text"/>

### Experience and Interest

Have you played organized women's tackle football in the past?	<input type="text"/>	How long did you play?	<input type="text"/>
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			

### Emergency Contact Information

Name of Emergency Contact Person:	<input type="text"/>		
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		ZIP Code:	<input type="text"/>
Relationship:			

### Health Insurance Information

Primary Insurance Provider:	<input type="text"/>		
Subscriber's Name:	<input type="text"/>	Relationship to Subscriber:	<input type="text"/>
		Subscriber's Employer:	<input type="text"/>
Group Number:	<input type="text"/>	Policy Number:	<input type="text"/>

**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!**

**Please check here if you do not have health insurance and would like assistance obtaining the appropriate insurance required by the WFA.**

Please indicate any friends you have that may be interested in joining the team:

Name	<input type="text"/>	E-Mail	<input type="text"/>	Phone	<input type="text"/>
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# Central Florida Anarchy Player Application

Player Application

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](mailto:recruiting@cfanarchy.com).