



PLAYER INFORMATION SHEET

NAME _____ NO. _____

PHONE NUMBER HOME: _____ CELL: _____
 WORK: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FOOTBALL EXPERIENCE (LIST MOST RECENT FIRST)

TEAM NAME	POSITION	YEARS PLAYED
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_____	_____	_____
_____	_____	_____
_____	_____	_____

PLAYER INFORMATION:

HEIGHT _____ WEIGHT _____ AGE _____ DOB _____

POSITION PREFERRED TO PLAY _____

ARE YOU WILLING TO PLAY ANOTHER POSITION YES NO

INSURANCE CARRIER _____

POLICY OR GROUP NUMBER _____

IN CASE OF EMERGENCY CONTACT:

NAME	PHONE	RELATION
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_____	_____	_____
_____	_____	_____

**SAN LUIS OBISPO PANTHERS
PLAYER INJURY WAIVER**

I _____ HEREBY RELEASE THE SAN LUIS OBISPO PANTHERS AND THE LABELLE COMMUNITY FOOTBALL LEAGUE (LCFL) AND ITS ASSOCIATES FROM ANY RESPONSIBILITY OR OBLIGATION FOR ANY INJURY SUSTAINED WHILE PLAYING, PRACTICING, TRYING OUT, WARMING UP, TRAVELING OR ANY OTHER ACTIVITY RELATED TO TEAM FUNCTIONS . I UNDERSTAND THAT THE SAN LUIS OBISPO PANTHERS, THE SOUTHWEST FOOTBALL LEAGUE AND ITS ASSOCIATES ARE NOT LIABLE TO MAKE ANY COMPENSATION, MONETARY OR OTHERWISE .

PLAYERS SIGNATURE _____

DATE _____

COACHES SIGNATURE _____



LABELLE COMMUNITY FOOTBALL LEAGUE
(LCFL)

I _____ ACKNOWLEDGE THAT I HAVE NOT SIGNED WITH OR PARTICIPATED WITH ANY OTHER TEAM IN THE LABELLE COMUNNITY FOOTBALL LEAGUE FOR THIS THE _____ SEASON. I FURTHER DECLARE THAT I HAVE RECEIVED A RELEASE AND WAIVERS FROM ALL PREVIOUS TEAMS THAT I HAVE PROVIDED FOOTBALL SERVICES FOR IN THE LABELLE COMUNNITY FOOTBALL LEAGUE AND THAT I OWE NO MONEY OR EQUIPMENT TO ANY OF MY PREVIOUS TEAMS.

PLAYERS SIGNATURE _____

DATE _____

