TC ALLIANCE
FOOTBALL RUGBY CLUB
"One Game, One Family"

TC Alliance Player Information

Player Name: _____ **DOB:** _____

Player Email: _____ **Age:** _____

Home Phone: _____

Player Cell Phone: _____

Parent Cell: _____

Parent Email: _____

Home Address: _____

_____

Emergency Contacts (name/phone): _____

_____

High School: _____

Year: ◯Freshman ◯Sophomore ◯ Junior ◯ Senior

*Shirt: S M L XL ___XL   *Waist: 32 30 32 34 36 _____

☐ **Check Box if you would like to apply for a player scholarship.**

☐ **Check Box Indicating I have received read, understand and agree to the Portage TC Alliance's Code of Conduct.**

_____   _____

Student Signature   **Parent Signature**