

# BINGHAMTON Tiger Cats

PRELIMINARY PLAYER APPLICATION			
PLAYER INFORMATION			
Full name:		Preferred Email Address:	
Date of Birth:		Phone:	
Are you a US Citizen or Legal 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			
Are you a team veteran?		How long did you play?	
Positions Played:			
What Positions are you most interested in?			
Please list any athletic and team participation:			
Would you be able to attend 2-3 practices each week?			
Please indicate three nights a week that are most suitable for you to attend practice. Also indicate any nights or timeframes you are absolutely unable to meet:			
Please indicate if you would be willing to attend a team community service project:			
EMERGENCY CONTACT INFORMATION			
Name of emergency contact person:			
Address:		Phone	
City	State:	Zip:	
Relationship:			
HEALTH INSURANCE INFORMATION			
Primary insurance provider:			
Subscriber's Name		Relationship to subscriber	Subscribers Employer
Group Number:		Policy Number:	
<input type="checkbox"/> <b>Please check here if you do not have health insurance and would like assistance in obtaining accidental injury insurance required by the WFA</b>			
Please indicate any friends you have that may be interested in joining the team:			
Name	Email		Phone

**Preliminary Player Application**

How did you hear about the team?

--

Please address any questions or concerns in the space below

--

Signature

Signature of Applicant:

Date:

Upon completion please fax this application to (302).348.1232