



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
TC Alliance's Code of Conduct.

Student Signature

Parent Signature