



General Information Form

(This form must be fully completed and signed. Enter your name as it appears on your ID. PLEASE PRINT LEGIBLY)

Date: _____

Name: (Last, First, MI) _____ Birth _____

Date: _____

Address _____ City _____ State _____ Zip _____

Telephone (Day) _____ (Email) _____

Contact Preference (Circle one) Phone. Text. E-mail.

Emergency Contact Name _____

Relationship _____ Phone _____

Have you played organized, competitive sports: YES _____ NO _____

Please list all activities and include dates:

Sport: _____

Date: _____

Sport: _____

Date: _____

Sport: _____

Date: _____

Please use back of form for additional activities.

Employer Name and Address _____

City _____ State _____ Zip _____

Typical Work Schedule (Days/hours) _____ (Evenings/hours) _____ (Weekends/hours)

Active Military (Y/N) _____ Do you have a Drill Schedule (Y/N) _____

Superior Officer _____ Phone _____

IMMEDIATE MEDICAL CONCERNS:

Previous Sports Injuries: Yes _____ No _____

Please explain: _____

Any current existing medical, or physical needs that would effect you participating in football activities? Y/N ____ Please Explain:

- Previous Concussions Y N. Date(s) _____
- Asthma Y N

MEDICAL INSURANCE: I ___ *Do* ___ *Do Not have* Medical Insurance. (If not, skip this section)

Company Name: _____ **Plan/Group #:** _____

Name as it appears on Insurance card _____ Preferred Hospital:

Physician Name: _____

PLEASE INITIAL NEXT TO EACH STATEMENT

- I understand that football, as all sports are, inherently dangerous.
- I fully understand that I may incur injuries as a result of playing football.
- I understand that I am willingly participating in football under my own volition.
- I have disclosed all prior and current injuries that may effect my performance or ability to complete any sports related activity.

PLEASE NOTE:

MEDICAL INSURANCE IS REQUIRED FOR ACTIVE PLAYERS BY THE WOMEN'S FOOTBALL ALLIANCE!

If you are placed on the active roster, you may forfeit eligibility without insurance.

I HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS AND AGREE TO HOLD HARMLESS/LIABLE THE KANSAS CITY TITANS, INC. AND/OR ITS AFFILIATES FOR ANY INJURIES (SHORT/LONG TERM) INCURRED BY PARTICIPATING IN FOOTBALL ACTIVITIES.

Player's Name (please print) _____

Signature _____ **Date** _____