

## Player Profile Form

Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Registration Number: \_\_\_\_\_ (Combine# at registration)

Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

EXPERIENCE LVL: \_\_\_\_\_

PREVIOUS LEAGUE/TEAM: \_\_\_\_\_

### Desired Position:

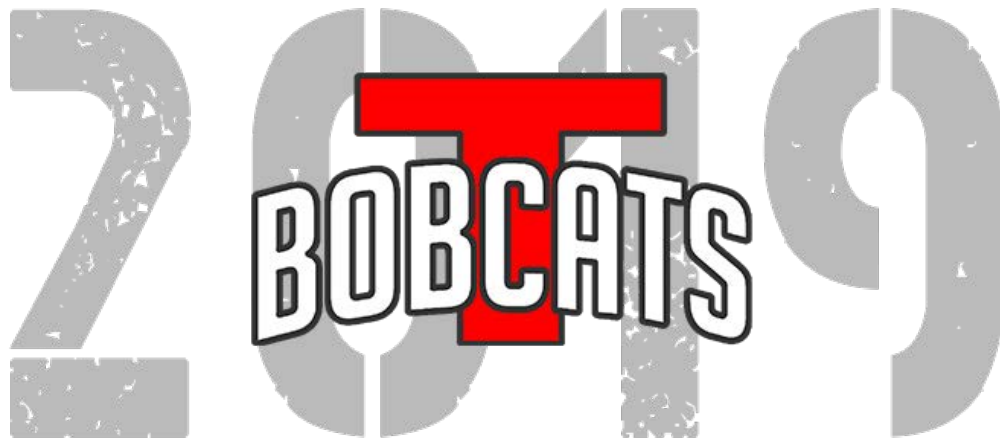
Offensive:

QB  RB \_\_\_\_\_ TE \_\_\_\_\_ FB \_\_\_\_\_ OL \_\_\_\_\_ WR \_\_\_\_\_ K \_\_\_\_\_ P \_\_\_\_\_

Defense:

CB  OLB \_\_\_\_\_ MLB \_\_\_\_\_ DL \_\_\_\_\_ DE \_\_\_\_\_ SS \_\_\_\_\_ FS \_\_\_\_\_





## Medical Release Form

Name: \_\_\_\_\_

Medical Restrictions: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

I acknowledge that playing or practicing to play/participate in any sport can be a dangerous activity involving **RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in sports include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the degree and risks of playing or practicing to play/participate in sports may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities.

I also acknowledge that it is essential for my well-being that I not participate or practice to play/participate in the above sport unless I am in good health and physical condition. With this in mind, I have truthfully answered the questions on the Health Appraisal form and the Medical History Form, and I have advised the head coach of any limitations on my activities for medical reasons. Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing technique, training and other team rules, etc., and agree to obey such instructions. I also understand that it is my responsibility to inform my coach or the athletic training staff of any conditions or equipment that I consider to be unsafe. Further, I recognize the importance of following orders given by team physicians and athletic trainers regarding any limitations or treatments they feel necessary for my health and well-being.

In consideration of **Tomball Bobcats** permitting me to try out for/participate on the Semi-Pro athletic team(s) and to engage in all activities related to the team, including but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all risks associated with participation and agree to hold **Tomball Bobcats**, its employees, agents, representatives, coaches, physicians, athletic trainers, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Semi-Pro Football Team. The **Tomball Bobcats** terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Tomball Bobcats, Inc.  
Tomball, TX 77375  
832.244.1750