



**Registration Form**

Instructions: All applicants are required to complete the registration form to be eligible for participation with Central Florida Scorpions  
All the information on this form must be completed by type or printed in ink.

**1. GENERAL INFORMATION**

Name (First, MI, Last): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_

**2. PROFILE**

High School Name: \_\_\_\_\_

High School City & State: \_\_\_\_\_

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

College City & State: \_\_\_\_\_

Other: \_\_\_\_\_

Other City & State: \_\_\_\_\_  
(Minor League, Semi-Pro, Pro Team)

Are you eligible to play college football? Yes / No If yes, how many years of eligibility do you have?  
\_\_\_\_\_

**3. CHECK THE APPROPRIATE BOX BELOW**

*(Identify position(s) played)*  
By Circleing the positions

Quarterback     Center     Defensive End     Free Safety Punter

Running Back     Guard     Defensive Tackle     Nose Guard     Other



- ☐ Full Back    Offensive Tackle    Corner Back    Linebacker
- ☐ Receiver    Tight End    Strong Safety    Kicker

**Certification**

I certify that I fully understand the team requirements and I have not knowingly withheld any facts of circumstances in completing this form. It is further agreed that any misrepresentation by me in this form will be sufficient cause for terminating membership. I authorize CFS to conduct an investigation of the contents of this form and will not hold anyone liable who supplies information

**Player's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**RECEIPT INFORMATION**

**Date form received** \_\_\_\_\_  
**Amount Paid \$** \_\_\_\_\_

**Payment Method**    Cash    Check \*(Check # -    ) Money Order

**Comments T-Shirt Size**    (M L XL 2XL 3XL 4XL 5XL)

**Authorize Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

\* Please make check or money order payable to:

**CENTRAL FLORIDA SCORPIONS**