

Mt. Carmel **FIRE** Player Information Form

Name: _____ **DOB:** / /

Address: _____ **High School:** _____

City, State, Zip: _____ **Collge(football):** _____

Pimary #: () _____ **Secondary #: ()** _____

Email: _____ **Height:** _____ **Weight:** _____

Position(s): give us an idea of where you think you can play, and circle the positions where you have experience.

Offense: 1. 2. 3. _____ **Defense: 1. 2. 3.** _____

Special Teams 1. 2. 3. _____

Desired Jersey #: 1. 2. 3. _____ **Pants:** _____ **in. Shirt:** _____

Bench: lbs. x 40: Vertical: _____ **Mile:** _____ **Shuttle:** _____

Emergency Information

Emergency Contact

Name: _____ **Contact #: ()** _____ **Relation:** _____

Previous and Pre-existing Injuries: _____

Previous and Pre-existing Conditions: _____

Allergies (including medications): _____