



South Texas Amateur Football  
Player Application

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

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

\_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

I.D. Photo Copy Attached: Yes or No

In Case of Emergency Contact: \_\_\_\_\_

Please List any medical conditions you may have to ensure full and proper care if ever needed.

\_\_\_\_\_

I (printed name) \_\_\_\_\_ declare that I have read, and understand and accept all the rules of S.T.A.F. All information submitted by me on this application is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date