



NFL EUROPE LEAGUE  
NATIONAL PLAYER TESTING COMBINE  
REGISTRATION FORM

!!! PLEASE COMPLETE FORM IN PRINT!!!!

PERSONAL DATA (PLEASE PRINT)

NAME

\_\_\_\_\_ Last Name (Surname)

\_\_\_\_\_ First Name

Permanent Address:

\_\_\_\_\_ Number and Street

\_\_\_\_\_ City

\_\_\_\_\_ State/Province

\_\_\_\_\_ Zip + suffix

\_\_\_\_\_ Country

住所 (日本語)

〒 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE

Current Home Phone

Work Phone

Mobile Phone

\_\_\_\_\_ Country/Area Code/Number

\_\_\_\_\_ Country/Area Code/Number

\_\_\_\_\_ Country/Area Code/Number

E-mail Address:

\_\_\_\_\_

Age:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_ Month/Day/Year

Nat. Ins No. \_\_\_\_\_

Country(ies) of Citizenship: \_\_\_\_\_

Team:

\_\_\_\_\_

Position: (ONLY 1 POS.): \_\_\_\_\_

Years Exp.: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_  
FT LBS

**COACHES INFORMATION:**

Name \_\_\_\_\_  
Last Name (Surname) First Name

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Country/Area Code/Number

**ACADEMIC BACKGROUND** (PLEASE PRINT)

Primary/High School Attended: \_\_\_\_\_

\_\_\_\_\_  
City State/Province Zip + Suffix

\_\_\_\_\_  
Country

From \_\_\_\_\_ To: \_\_\_\_\_ or . Current  
Month/Day/Year Month/Day/Year

SAT / TOFEL Score: \_\_\_\_\_ Date Taken: \_\_\_\_\_  
Month/Day/Year

Have you been out of high school for at least three (3) years? . Yes . No

Complete if not attending college:

Are you employed or enrolled in an apprenticeship? . Yes . No

Type of Employment or Apprenticeship: \_\_\_\_\_

Hire/Enrollment Date: \_\_\_\_\_  
Month/Day/Year

Complete if attending or planning to attend college:

College/University Attended: \_\_\_\_\_

\_\_\_\_\_  
City State/Province Zip + Suffix

\_\_\_\_\_  
Country

From \_\_\_\_\_ To: \_\_\_\_\_ or . Current  
Month/Day/Year Month/Day/Year

Degree Earned (IF APPLICABLE): \_\_\_\_\_

Complete if still attending:

Total Credits Earned: \_\_\_\_\_ Total Semesters Attended: \_\_\_\_\_

Current Status: \_\_\_\_\_  
Full Time or Part Time

Class Standing: \_\_\_\_\_  
Freshman, Sophomore, Junior or Senior

Have you completed at least three (3) years of college? . Yes . No



Are you currently under suspension for violating your team, league, or federation's substance-abuse/drug policy? . Yes . No

If so, explain the reason for your suspension and the terms of your suspension.

**Insurance Waiver**

The undersigned Player hereby releases and holds harmless the National Football League Europe League ("League"), the League Physicians, its trainers, agents and employees, and the National Football League, its agents, employees and member clubs, and assumes all responsibility for claims, injuries, or illness arising out of the undersigned Player's workout and/or tryout with NFL Europe.

The undersigned player further agrees to assume the risk and to release and hold harmless the League, the League Physicians, its trainers, agents and employees, and the National Football League, its agents, employees, and its member clubs for any injury, illness, claim, and/or demand, occasioned wholly or in part, by an act or omission of the League, that may arise out of, but not limited to, organization, design, supervision, and execution.

\*\*(If under 18 years old, both parents' or both legal guardians' signature is needed)\*\*

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

Player/Parent(s)/Legal Guardian(s)

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

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

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