

The Score presents



YOUTH REGISTRATION FORM FOR ALL GIRLS' LEAGUE

Player Information

ID# _____

Last _____ First _____ M.I. _____

Gender M | F Birthdate MM _____ DD _____ YYYY _____

Home Phone _____ Mobile Phone _____

Email Address _____

Emergency Contact (must be a parent if applicant is under 18 years)

Name _____ Relation _____

Phone _____ Mobile Phone _____



GFA Promotions (please check) - Yes, I would like to receive information from GFA and GFA sponsors.

Player Size

Shirt Size _____

Cleat Size _____

Release of Liability

In consideration of the permission granted to ME/MY CHILD by the Guam Football Association (GFA) and/or its affiliate organizations to participate in GFA activities, I hereby release and discharge GFA, its clubs, representatives, officials, coaches, agents, employees, officers, successors, sponsors, and assigns, from all claims, demands, actions, judgments, and executions, which the undersigned ever had, now has, or may have, for which the undersigned heirs, executors, administrators, or assigns, may have or claim to have against GFA, its representatives, officials, coaches, agents, employees, officers, successors, sponsors, and assigns, for all personal injuries, whether known or unknown, caused by, or arising out of, GFA sponsored sports activities. Further, in case of medical emergency and I cannot be contacted, I hereby authorize personnel associated with GFA to render first aid and/or transport me/my child to a hospital or emergency medical facility for treatment. Additionally, I grant GFA, its clubs, representatives, officials, coaches, agents, employees, officers, successors, sponsors, to insert pictures or video of myself, my child/ren, or ward on our Web site and other promotional material not limited to any form of media related to the sport of football. These photos or videos may be images of my child/ren, ward, or myself.

Signature of player or parent/guardian

Date

For GFA Office Use Only Name of staff _____ OR# _____ League/Event _____

Registration form numbers of additional children _____ Total amount paid _____