

ID# _____ **Player Bio**
 First Name _____ MI _____
 Last Name _____
 Date of Birth MM _____ DD _____ YY _____
 Club _____ Jersey No. _____

YOUTH DIVISION Female Male
 U6 2003, 2004, 2005 **U8** 2001, 2002
 U10 1999, 2000 **U12** 1997, 1998
 U14 **U16** 1993, 1994

ADULT DIVISION:
 Women's League Men's League
 Team _____ Jersey No. _____
 Residence Address _____
 Mailing Address _____

 Place of Birth _____
 School/ College _____
 Health Insurance/ Clinic _____
 Chronic Disease _____
 Allergies _____
 Home Phone _____
 Player Cellular Phone / Pager _____
 Player's Email Address _____

YOUTH DIVISION (Please fill in at least one):
 Mother's Name _____
 Mother's Work Phone _____
 Mother's Cellular Phone / Pager _____
 Mother's Email Address _____

 Father's Name _____
 Father's Work Phone _____
 Father's Cellular phone / Pager _____
 Father's Email Address _____

___ Yes, I would like to be notified by email of all GFA events.
 ___ No, I don't want to be notified by email of all GFA events.

Initial ____ **Current GFA I.D. Cards must be presented before every GFA sanctioned match.**



Guam Football Association

2009 PLAYER REGISTRATION FORM

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 Phone 671 . 637 . 4321 • Facsimile 671 . 637 . 4323
 Email info@guamfootball.com • Website: www.guamfootball.com

Release of Liability

In consideration of the permission granted to me (Player Name) _____ by the Guam Football Association (GFA) and / or its affiliate organizations to participate in GFA activities. I hereby release and discharge GFA, it's 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, it's 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 a medical emergency, 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, it's clubs, representatives, officials coaches, agents, employees, officers, successors, sponsors to insert pictures of myself, my child/ ren, or ward in our website and other promotional material not limited to any form of media related to the sport of football. These photos may be images of child/ ren, ward or myself.

I have read this release and understand all items. I execute it voluntarily with knowledge of its significance.

 Signature of _____ Date _____
 Adult Player or Parent / Guardian

"GFA reserves the right to terminate the player ID for those players found in violation of GFA or FIFA Statutes, rules and regulation. Sanctions will be imposed and shall be commensurate with the severity and/or frequency of the conduct, and shall be adequate and sufficient to prevent such conduct in the future."