

**GUAM FOOTBALL ASSOCIATION
National Development Program**

LAST NAME: _____

BIRTH YEAR: _____

PLAYER'S INFORMATION:

NAME : _____
(Last name, First name Middle Initial)

Home Phone: _____ Cell Phone: _____

Player's Email Address: _____

School Name: _____ Principal's Name: _____

List the sports you intend to be involved with during school's 3rd and/or 4th quarter:
_____ Coach Name: _____

_____ Coach Name: _____

PARENT INFORMATION:

MOTHER'S NAME: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

FATHER'S NAME: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

PASSPORT INFORMATION:

Passport Number: _____ Date of Birth: _____

Surname/Last Name on Passport: _____

First/Middle Name on Passport: _____

Date of Issuance: _____ Date of Expiration: _____

Place of Birth: _____ Authorized: _____

ADDITIONAL INFORMATION:

HEIGHT: _____ (FEET) WEIGHT: _____ (LBS)

SIZE OF JERSEY: SHIRT _____ (S/M/L/XL) SHORT _____ (S/M/L/XL)

MEDICAL INFORMATION? (IF YES, PLEASE PROVIDE DETAILS BELOW) _____ (YES/NO)

RELEASE OF LIABILITY

In consideration of the permission granted to me (my child), _____, by the Guam Football Association and / or its affiliate organizations to participate in Guam Football Association activities, I hereby release and discharge the Guam Football Association, it's representatives, officials coaches, agents, employees, officers, successors, 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 the Guam Football Association, it's representatives, officials, coaches, agents, employees, officers, successors, and assigns, for all personal injuries, whether known or unknown, caused by, or arising out of, Guam Football Association sponsored sports activities.

In case of a medical emergency, I hereby authorize personnel associated with the Guam Football Association to render first aid and/or transport me (my child) to the nearest hospital or emergency medical facility for treatment.

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

Player's Signature _____ Date _____

Parent/Guardian Signature (if player is under 18) _____