

2019 Adult League Player Registration Form

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Visit us on the Internet! <http://www.GuamFA.com>

1. Player Information

ID # _____

Last _____ First _____ M.I. _____

Gender M | F Birthdate MM ____ DD ____ YYYY ____ Home Phone _____

Mobile Phone _____ Email address _____

2. Division (Check all that apply)

☐ Men's Premier Division

Team: _____

☐ Men's Beach Soccer

Team: _____

☐ Men's Amateur Division

Team: _____

☐ Masters Co-Ed (M - 40+, W - 25+)

Team: _____

☐ Masters Division (40+)

Team: _____

☐ Soccer Moms League

Team: _____

☐ Men's Futsal

Team: _____

☐ Women's Recreational League (18+)

Team: _____

Proud member of:



☐ Women's Premier Division

Team: _____

☐ Women's Amateur Division

Team: _____

☐ Women's Futsal

Team: _____

3. Emergency Contact Information (must be a parent if applicant is under 18 years old)

Name _____ Relation _____ Home Phone _____

Work Phone _____ Mobile Phone _____ E-mail _____

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

☐

5. For minors (14-17 years old) participating in adult (18+) leagues

I agree to let my child participate in competitions against players over the age of 18 and understand that permitting my child to compete in the said activity that GFA, its clubs, representatives, officials, coaches, agents, employees, officers, successors, and/or sponsors will not be held liable.

Parent/Guardian initial _____

6. 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, 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, its clubs, representatives, officials coaches, agents, employees, officers, successors, sponsors to insert pictures or video 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 or videos may be images of child/ren, ward or myself.

Signature of adult player or parent/guardian _____

Date _____

For GFA Office Use Only

Name of staff _____

OR# _____

