



Player's Weight: \_\_\_\_\_  
 Player's Height: \_\_\_\_\_

Player's Birth Year: \_\_\_\_\_  
 Player's Last Name: \_\_\_\_\_

### GUAM NATIONAL TEAM - PLAYER PROFILE

**Under 11 12 13 14 15 16 17 19 Senior (ATeam) Gender M\_ F\_**

Player's Name (Last, First MI) _____ ( ) _____ ( ) _____		Date of Birth (Month/Day/Year) _____	
Home Phone _____	Mobile Phone _____	Email Address _____	
Home Mailing Address _____		City, ST ZIP Code _____	Time Zone _____
School Name/Principal's Name _____		Club Name / Division / Coach Name _____	
Work Place/ Supervisor Name _____		Work Address _____	
Mother's/Guardian's Name _____		Father's/Guardian's Name _____	
Home Phone _____	Mobile Phone _____	Home Phone _____	Mobile Phone _____
Email Address _____		Email Address _____	
Home Mailing Address _____		City, ST ZIP Code _____	

**Medical Information and Waiver Form**

Emergency Contact Name/ Relationship (if not parents/ guardian) _____	Phone Number _____
Hospital/Clinic Preference _____	
Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Allergies/Special Health Considerations  
\_\_\_\_\_

In consideration of the permission granted to me (player name), \_\_\_\_\_, by the Guam Football Association (GFA) and / or its affiliate organizations to participate in Guam Football Association activities, I hereby release and discharge the 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 the GPA, , it's clubs, 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, I cannot be contacted; I hereby authorize personnel associated with the GFA to render first aid and/or transport 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.

Adult Player/ Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>GFA Main Office Use Only:</b>					
<b>Checklist:</b>	<b>Date:</b>	<b>Checklist:</b>	<b>Date:</b>	<b>Checklist:</b>	<b>Date:</b>
Passport (color copy)	_____	Player Agreement	_____	AFC Medical Consent	_____
Photo (4 passport size)	_____	Power of Attorney	_____	Payments	_____
Birth Certificate (copy)	_____	Uniform Size - Jersey	_____		
School/Parent Consent	_____	Uniform Size - Shorts	_____		