

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

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

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

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

**GUAM NATIONAL TEAM - PLAYER PROFILE**

Under 11 12 13 14 15 16 17 19 Senior (A Team)

Gender M\_\_\_\_ F\_\_\_\_

Player's Name (Last, First, MI)

Date of Birth (Month/Day/Year)

Mother's / Guardian's Name

Father's / Guardian's Name

(\_\_\_\_) \_\_\_\_\_  
Home Phone Mobile Phone

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Mobile Phone

E-mail Address

E-mail Address

Home Mailing Address

City, State Zip Code

School Name / Principal's Name

Club Name / Division / Coach's Name

**Medical Information and Waiver Form**

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, its clubs, representatives, officials, coaches, agents, employees, officers, successors, sponsors, and assigns, from all claims, demands, actions, judgments, and executions, which the undersigned every had, now has, or may have, for which the undersigned heirs, executors, administrators, or assigns, may have or claim to have against the GFA, its 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, its clubs, representatives, officials, coaches, agents, employees, officers, successors, sponsors to insert pictures and/or video footage 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 video footage may be of my child/ren, ward, or myself.

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

Parent's / Guardian's Signature

Date

**GFA Main Office Use only:**

Checklist: \_\_\_\_\_ Date: \_\_\_\_\_  
Passport (color copy) \_\_\_\_\_  
Photo (4 passport size) \_\_\_\_\_  
Birth Certificate (copy) \_\_\_\_\_  
School/Parent Consent \_\_\_\_\_

Checklist: \_\_\_\_\_ Date: \_\_\_\_\_  
Player Agreement \_\_\_\_\_  
Power of Attorney \_\_\_\_\_  
Uniform Size - Jersey \_\_\_\_\_  
Uniform Size - Shorts \_\_\_\_\_

Checklist: \_\_\_\_\_ Date: \_\_\_\_\_  
AFC Medical Consent \_\_\_\_\_  
Payments \_\_\_\_\_  
GUAM FOOTBALL ASSOCIATION