

2017 TRYOUT REGISTRATION FORM

UNITED 

CHILD'S NAME (Last, First, M.I.): _____

CIRCLE ONE: GIRLS | BOYS BIRTHDATE: MM ___ DD ___ YYYY _____

AGE DIVISION*: _____ IF U13 or U14, CIRCLE ONE: FIELD PLAYER | GOALKEEPER



Program supported by Japan Football Association



GUAM FOOTBALL
ASSOCIATION
NATIONAL ACADEMY

1. PARENT | LEGAL GUARDIAN INFORMATION (Also for Emergency Contact)

Last name _____ First name _____ M.I. _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-mail Address _____

Medical Insurance Carrier & Policy No. _____

2. REQUIREMENT FOR SELECTED ATHLETES

Athletes selected to train at the United Airlines GFA National Academy must be able to commit to two weekday afternoon sessions weekly at the GFA National Training Center in Harmon between July 31, 2017 and December 15, 2017. Actual days/times per age group will be determined by the GFA technical director and once determined, will be communicated to parents after selections are made. Selected athletes must play in a GFA youth league in the upcoming Fall 2017 seasons:

- Triple J Auto Group Robbie Webber Youth League (U9-U12)
- Aloha Maid Minetgot Cup Elite Youth League (U13-U14)

****For U13-U14 athletes specifically, FIFA eligibility requirements apply (Copy of U.S. passport and/or birth certificate required)****

3. 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 of myself, my child/ren, or ward in our web-site 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.

Signature of parent/guardian listed above _____

Date _____

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