



GSMAA FOOTBALL 2010

Garden Spot Athletic Association Fall Registration Form

Full Name Of Athlete: _____

Birth date: _____ Grade: _____ Age: _____ Player Weight: _____

Sex: ____ Home Phone: _____ Parent Cell: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Parent's E-mail Address: _____

Last Years Team if Any: _____

Emergency Medical Information:

Name of Physician: _____ Phone Number: _____

Name of: _____ Phone Number: _____

Emergency Contacts:

1. Name: _____ Phone Cell # _____

2. Name: _____ Phone/Cell # _____

I, the parent or guardian of _____, have indicated by my signature that I consent to have my child participate in the activity for which they have now registered. I understand that neither GSMAA, or any individual associated with the playing of the game shall be liable in any way for any injury suffered by my child. In the event that my child sustain an injury during practice or a game, this form serves as permission to initiate appropriate medical treatment. In addition, I agree that all of the equipment issued to my child is the property of GSMAA., and I am responsible for returning it at the time designated by the GSMAA board or face legal action.

All registration fees are non refundable.

Signature of Parent or Guardian: _____

Administrative Use Only: Team/Squad Assigned at Registration: _____ Registrar's Authorized Signature: _____
