



Guam National Youth Football Federation

Youth Football and Cheer

Registration and Acknowledgment Form



YOUTH PARTICIPANT INFORMATION

Team: _____	Season: _____	Mandikiki Flag	Manha Tackle	Metgot Tackle	Matua Tackle	Cheer Age 14y&below (no weight)
Last Name: _____ <small>LEGAL NAME AS SHOWN</small>		Age 6y&below (No weight. Must turn 5yrs Jan-Dec.)	9y&Below 100lbs	12y&Below 130lbs.	14y&Below 165 lbs.	
First Name: _____ <small>ON CERTIFIED BIRTH CERTIFICATE</small>		Date of Birth: _____				
Middle Name : _____ <small>OR OTHER LEGAL DOCUMENT</small>						
Physical Address: _____						
House # Street Name			Village		Zip Code	
Mailing Address: _____						
			City		State Zip Code	
Child Resides with: _____			Home Telephone: _____			

PARENT/GUARDIAN INFORMATION

Mother / Guardian Name _____	Primary	Telephone: Home / Work / Cell _____
Email Address _____	Secondary	Telephone: Home / Work / Cell _____
Father / Guardian Name _____	Primary	Telephone: Home / Work / Cell _____
Email Address _____	Secondary	Telephone: Home / Work / Cell _____

EMERGENCY, MEDICAL & INSURANCE INFORMATION

Emergency Contact Information:

Name: _____	Relationship _____	Telephone _____
-------------	--------------------	-----------------

Physician and Hospital Preference:

Doctor/Clinic _____	Telephone _____	Preferred Hospital _____
---------------------	-----------------	--------------------------

Insurance Information: Check this box if participant does not have medical insurance at this time.

Provider: _____	Insured Name: _____	
Policy: _____	Employer/Telephone: _____	

By signing below, I hereby authorize my child, named above, to participate in all GNYFF and team activities including but not limited to clinics, practices and games. I understand that the GNYFF does not provide secondary medical insurance to any participant, and that if necessary, any and all medical expenses for my child are solely my responsibility. I also acknowledge that I have received a copy of and agree to abide by the **PARENTS CODE OF CONDUCT** and the **GNYFF WAIVER AND RELEASE OF LIABILITY**. Failure of myself, my child and my guests to abide by all rules and regulations as set by the GNYFF may result in suspension and/or expulsion of myself, my child and/or my guests from current and future GNYFF events.

_____ Print _____ Sign _____ Date

**** FOR GNYFF CERTIFICATION USE ONLY ** DO NOT WRITE BELOW THIS LINE ****

Certification Weight: _____
Physical Expiration Date: _____

--	--

Proof of age
Certified by: _____

Birth Cert.	Passport	Other
<input style="width: 100%; height: 40px;" type="text"/>		

Certification Stamp: