



GUEYDAN YOUTH ATHLETIC ASSOCIATION

2024 FOOTBALL REGISTRATION

*A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST BE PROVIDED WITH REGISTRATON FORM.

PLAYER INFORMATION:

NAME: _____ M: _____ F: _____

BIRTHDATE: _____ AGE: _____

ADDRESS: _____

PARENT/LEGAL GUARDIAN INFORMATION:

NAME: _____

PHONE NUMBER: _____

PLEASE PROVIDE YOUR CHILD'S UNIFORM JERSEY SHIRT AND PANTS SIZE FOR UNIFORM ORDERS.

SHIRT SIZE: YXS YS YM YL YXL AS AM AL AXL AXXL

SHORT SIZE: YXS YS YM YL YXL AS AM AL AXL AXXL

PARENT/GUARDIAN SIGANTURE: _____ DATE: _____

\$40-FIRST CHILD
CHILD

\$25 EACH ADDITIONAL

PLEASE MAKE ALL CHECKS PAYABLE TO: GUEYDAN YOUTH ATHLETIC ASSOCIATION

PLEASE CHECK ONE IF YOU WOULD LIKE TO VOLUNTEER:

___HEAD COACH

___ASSISTANT COACH

___SPONSER

___OTHER

MEDICAL RELEASE, EQUIPMENT USE, PARENTAL AUTHORIZATION FOR PARTICIPATION
IN ALL GUEYDAN YOUTH ATHLETIC ASSOCIATION ACTIVITIES.

I, AS THE PARENT OR GUARDIAN OF (PLAYER'S NAME) _____

DO HEREBY GIVE MY APPROVAL FOR THEIR PARTICIPATION IN ANY AND ALL GUEYDAN YOUTH ATHLETIC ASSOCIATION RECREATION ACTIVITIES. I HEREBY GRANT MY PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVES TO AUTHORIZE AND OBTAIN CARE, AT MY EXPENSE, FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FROM HOME, OR WHERE NEITHER PARENT NOR LEGAL GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT.

I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO MY CHILD'S PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES; AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE GUEYDAN YOUTH ATHLETIC ASSOCIATION RECREATION, ORGANIZERS, SPONSERS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYERS TO AND FROM THE ACTIVITIES, FOR ANY CLAIMS ARISING OUT OF AN INJURY TO THE PLAYER.

I FURTHER AGREE TO FURNISH A CERTIFIED BIRTH CERTIFICATE FOR THE PLAYER, UPON REQUEST OF THE LEAGUE OFFICIALS, AND TO RETURN UPON REQUEST THE UNIFORM AND OTHER EQUIPMENT ISSUED TO THE PLAYER IN AS GOOD CONDITION AS WHEN RECEIVED, EXCEPT FOR NORMAL WEAR AND TEAR IN LEAGUE ACTIVITIES. I GIVE PERMISSION FOR THE PLAYER TO BE PHOTOGRAPHED DURING SPORTING/ASSOCIATION EVENTS FOR USE IN PAPER ARTICLES, SOCIAL MEDIA, ETC., AS THE OPPORTUNITY PRESENTS.

I HAVE READ AND FULLY UNDERSTAND ALL THE DETAILS AND REQUIREMENTS OF THIS DOCUMENT.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PRINT NAME OF PARENT OR LEGAL GUARDIAN _____

BELOW FOR OFFICE USE ONLY

____ FEES PAID AND RECEIVED
____ COPY OF BIRTH CERTIFICATE RECEIVED
____ ALL DOCUMENTS SIGNED

LIST OF LOANED OUT EQUIPMENT:

