



**GNA Futbol Club
Tryout Registration Form
2009-2010**
www.gnafutbolclub.com

Tryout # _____

Photo #

Please circle the age group:

Boys: U-8 U-9 U-10 U-11 U-12 U-13 U-14 U-15 U-16 U-17 U-18

Girls: U-8 U-9 U-10 U-11 U-12 U-13 U-14 U-15 U-16 U-17 U-18

Please circle your choice of the level of play: (see tryout brochure for detailed information)

1
GNA Club ONLY
(Professionally Trained)

2
GNA Select ONLY
(Parent Coached)

3
EITHER Club or Select

PLAYER INFORMATION

Players Name: _____ Date of Birth: _____

Home Phone: _____

Street Address: _____

City: _____ ZipCode: _____

PARENT INFORMATION

	FATHER	MOTHER
Name:	_____	_____
Cell #:	_____	_____
Email:	_____	_____

Liability Waiver and Statement of Understanding

By signing below, I, the parent or legal guardian of the player listed above, ask that he/she be admitted to tryouts for a Gahanna New Albany Futbol Club ("**GNA**") sponsored team (the "**Tryouts**"). I understand the risks and hazards associated with my child's participation in the Tryouts and certify that my child is in good health and give my permission for his/her participation in the Tryouts. I authorize all emergency and medical treatment which may be needed in the event of any injury. I also understand that primary insurance coverage is my own responsibility. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless GNA, each of its directors, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the Tryouts or in the course of competition and/or activities held in connection with the Tryouts.

GNA has permission to photograph my child for the sole purpose of identification during the Tryouts.

Parent/Guardians Signature _____ Date _____