



YOUTH PLAYER REGISTRATION FORM

Season 2019 / 2020

(the "Season")

Player Name _____

Passport/ID Card Number _____

Parent/Guardian Name _____

Parent/Guardian email _____

Club Name _____

Team name (age group) _____

I agree on behalf of the Player as follows: -

1. to be registered as a Player for the above-mentioned Team for the Season.
2. to be subject to the exclusive jurisdiction of the GFA;
3. to observe and abide by all the rules, byelaws, regulations, policies and decisions of the GFA;
4. to adhere to the GFA Social Media Policy available on the GFA Website;
5. to the GFA storing and processing any and all information required for my registration in accordance with the GFA Privacy Policy and the GFA Comet Policy available on the GFA website.

I confirm that I am legally authorised to sign on behalf of the Player, and fully understand the above conditions.

Parent/Guardian Signed: _____

Date: _____

We would like to keep in touch with you about exciting offers and news about our products and services that we hope you'd like to hear about; however, we will not send you any information of this nature without your consent.

- Yes, please send me information on GFA and related third party news and offers
- No, please do not send me information on GFA and related third party news and offers