



YOUTH PLAYER REGISTRATION FORM

Season 2021 / 2022

Player Name _____

Club Name: _____

Date of birth _____

Passport/ID Card Number _____

Parent/Guardian Name _____

Address _____

Parent/Guardian email _____

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.

Gibraltar FA would like to request permission to use Photographs, videos or name of child. We would also 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

Yes, I give my consent for the publication of my child's photograph or name

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

Parent/Guardian Signed: _____

Date: _____