



Registro/Registration

Nombre completo Jugador / Player full name

Numero Pasaporte / Passport No.

Nombre de la Madre - Mother's name

email

Nombre del Padre - Father's name

email

Fecha de nacimiento / Date of birth

Nacionalidad / Nationality

Dirección / Address

Correo electrónico / Email

Teléfono de contacto / Phone number

Talla de ropa / Clothing size

Equipo que pertenece / current club

Peso / Weight

Posiciones / Positions

Altura / Height

Social Media: Instagram

Facebook

Emergency contact:

First name:

Last name:

Address:

Tel: Home:

Mobile:

Relationship:

Do you have any allergies/food allergies? Yes / No (please circle) if yes, please list:

Please list any medical conditions that you have (for example, asthma, diabetes, epilepsy):

Please list any regular medications you require (include dosage):

Please list any current or recurring injuries:

Do you suffer from recurring pain in any joint when playing sport? Yes / No (please circle) If yes, please provide details:

Do you require specific taping/padding for a previous injury? Yes / No (please circle) If yes, please provide details:

Have you ever had a head, neck or spinal injury? Yes / No (please circle) If yes, please provide details:

Please provide details if you suffer from any medical condition whatsoever :

Payment Method:

Please make payment of \$220.00

Bank Name: Westpac
BSB: 034111
Account: 566547

IMPORTANT – PLEASE USE PLAYER’S FULL NAME AS REFERENCE.

Send all forms and payment receipt to rego@gmglobalsports.com

NO REGO WILL BE PROCESSED WITHOUT PAYMENT.

Once we receive rego form and payment receipt, we will send through confirmation of your TRIAL OPPORTUNITY, venue and time.

Waiver release

To the best of my knowledge, all information contained on this form is correct (If under 18 please have a parent or guardian sign)

I/WE KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for the participation of my/our son _____ during his stay under the care of Gabriel Alejandro Mendez and co-workers operating under GM Global Sports in Spain.

We, on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Gabriel Alejandro Mendez, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I authorize GM Global Sports/AD Mérida, that in case of maximum urgency, with knowledge and medical prescription, to make the necessary medical decisions, IF MY/OUR LOCATION HAS BEEN IMPOSSIBLE

Signature player (18+): _____

Date: _____

Signature parent: _____

Date: _____

