



GLENDALE FRIENDSHIP GAMES 2008

TEAM REGISTRATION FORM

- Download this form. The coach or a contact person must complete this form completely for each team. (only the contact person or the coach will receive information about GFG)
- Each player must be listed on the roster and must sign the waiver (parent or guardian if player is under 18)
- Make your check payable to “**Homenetmen Ararat**” and mail it with this completed form to:
- **Ararat - GFG Committee,**
- 3347 N. San Fernando Rd., Los Angeles, CA 90065
- Tel (323) 256-2564
- Deadline for submitting the registration form and the participation fee is October 6, 2008.

TEAM INFORMATION

*- Required (if does not apply, put N/A)

Team Name* _____ or
School/Organization Name* _____
Contact/Coach* _____
Phone/Cell* _____
Address* _____
Email Address* _____
Co-Captain/Assistant Coach* _____ Phone/Cell* _____
Email Address* _____

TEAM SPORTS

(Select sport, check boxes and write fee at the bottom)

Sport	Male	Female	Age Group	Fee per Team
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	Open Division Only	\$350
Soccer	<input type="checkbox"/>	<input type="checkbox"/>		\$300
Soccer	<input type="checkbox"/>	<input type="checkbox"/>		\$300
Soccer	<input type="checkbox"/>	<input type="checkbox"/>		\$300
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>		\$200
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>		\$200
Basketball	<input type="checkbox"/>	<input type="checkbox"/>		\$250
Basketball	<input type="checkbox"/>	<input type="checkbox"/>		\$250
Basketball	<input type="checkbox"/>	<input type="checkbox"/>		\$250
Rhythmic Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>		\$100

Fee: _____

WAIVER

I understand that part of the risk involved in undertaking any recreational activity is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that sport. I acknowledge that my choice to participate in the GFG brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use.

I understand that GFG games will be conducted by volunteers who may not be licensed, registered or certified professionals. I accept the fact that in the event of a medical emergency these individuals may render some assistance but they are not licensed practitioners in the medical field. In the event the participant is a minor, it is strongly urged that a parent or a guardian be present during the games to make the appropriate decision in the event of an injury or medical emergency.

I understand that the dangers and risks from my participation in the GFG may include serious injury to virtually all internal organs and other aspects of the muscular/skeletal system, to other aspects of my body, general health and well being including death. I acknowledge that I am responsible for the injuries I may sustain, that I may cause to others, and damage I may cause to the facilities.

I also understand that I am responsible for my own medical expenses due to an injury sustained while participating in the GFG. The GFG does not provide any medical insurance coverage for participants.

OFFICIAL TEAM ROSTER

Print Player Name	T-shirt Size YM, YL, S, M, L, XL, XXL	Phone #	Jersey #	Date of Birth mm/dd/yy	Waiver Signature (parent/guardian if under 18)
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					

16)					
17)					
18)					
19)					
20)					

Please Read

The above roster and registration form will not be accepted unless all requested information is completed and a check is submitted.
This roster is an official document and is required for participation.

Name (Coach) _____

Date _____