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2016 PLAYER REGISTRATION FORM YOUTH DIVISION



Player Information:

ID #: (Please mark one box above only)

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M / F
 Date of Birth: ____/____/____ Contact Numbers: _____
 Email: _____ School: _____ Grade: _____
 Parent/Guardian's Name: _____ Contact Numbers: _____
 Mailing Address: _____ Village: _____

JERSEY Info:

Number: (U15/U18/U21)
 Size: YS / YM / YL / YXL
 AS / AM / AL / AXL

Proof of Age:

U.S. Citizen: Y / N

- Copy of Passport
- Copy of Birth Certificate

DIVISION: (Please mark one box only)

- U6 (2010, 2011)
- U10 (2006, 2007)
- U14G (2002, 2003, 2004)
- U17 (1999, 2000, 2001)
- U8 (2008, 2009)
- U12 (2004, 2005)
- U14B (2002, 2003, 2004)
- U21 (1995, 1996, 1997, 1998, 1999, 2000)

IMPORTANT – I/We, the parent/guardian of the above named player, a minor, and the above named player agree to the following:

(1) To abide by the rules of NMIFA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for NMIFA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify NMIFA, its affiliated organizations, football clubs, sponsors, their employees, associated personnel, officers, directors, representatives, agents, coaches, and volunteers including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorized. (2) To authorize my child's school to verify the date of birth of my child from school records to an NMIFA authorized representative for the limited purpose of NMIFA player age verification, (3) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependant. (4) To hereby give my consent to NMIFA to take photographs, video recordings, and/or sound recordings of the above named player in documenting the activities of NMIFA's programs. I grant NMIFA permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for NMIFA educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications.

Assumption of All Risks, Release, Waiver and Additional Provisions:

(1) I understand that participation of my child in the Program involves rigorous activity, physical contact and certain risks and may result in injuries, permanent paralysis or even death and I am fully aware of these risks and possibility of injury involved and acknowledged that I am assuming these risks that may be suffered by my child. (2) I agree that this release, hold harmless and waiver is intended to be as broad and inclusive as permitted under the laws of the CNMI and if any portion hereof is ruled to be invalid, it is agreed that the balance shall continue in full legal force and effect. (3) I represent that all facts stated in this document are true and correct and I further represent and promise that I will ensure my child will wear appropriate safety gear including but not limited to shin guards on all practices and games. I represent that my child currently has no known physical or mental condition that would impair his/her capability to participate in the Program.

Signature of Parent/Guardian: _____ **Date:** _____

Payment: Cash _____ Check# _____ Receipt#: _____
 Received By: _____ Signature: _____ Date: _____