GFL SPORTS, INC. REGISTRATION FORM

Stewart	art Caleb		V		09/09/2008		13	
Name: Last	First		MI	Date of Birth		th	Age (as of Sept 1, 2022)	
255 Beckenham Walk Dr		Or	Dacı	ula	a GA		30019	
Street			City		Sta	ite	Zip	
Home Phone: 404-2	217-2970	School attending i	n fall:	ula Middle	e School		Grade in fall: 8th	
Mother's Name: Tan	ther's Name: Tamicka Camp		Cell Phone:	404-217-2970 Email		Email:	tamicka79@gmail.com	
ather's Name: Chad Stewart			Cell Phone:	423_383_6012		Email:	chadstewart75115@gmail.com	
Physical Defects (If A	any):							
Comments:								
the utmost good character not be tolerated. Consump or game is prohibited. Pro GFL rules. As a parent or pertains to the Code of Co all that attend games and the Code of Conduct as we the By-laws, or the rules a As the parent or guardian o You agree to assume all ritransportation to and from a officers, directors and coac any other participants in the any GFL activity.	and display behavioration or possession of fanity will not be to guardian, you acknow nduct. You agree to practices with you are all as the rules and B and regulations, you compared to the facility processing the second of the facility process. As the soft the GFL, and a GFL from any claim	r that is in keeping with f alcohol, any controlled lerated. Strict adherence owledge that you have be bound by the terms re also so bound. You y-laws of the GFL Foo can be barred from furt EDICAL AND SURGIT in the GFL football and ental to such participates a parent you do hereby officers and directors of marising out of any injuries.	a the purpose of substance, of the rules of been made aw and conditions further underst thall and Chee ther participation including, agree to release any member a ry to your child	f the GFL. Im r tobacco pro- of the GFL is are of the GFL s of the Code and that the C rleading and t on in all GFL MENT AND ng program yo- but not limited by, waive, hold a ssociations, as incident to the	proper conduct ducts at any Gorequired. Your L Code of Conduct and SFL Board of I hat if you viola activities. RELEASE AN a understand the ito, the risk in harmless, and ir well as all orge participation	t directed winnett For coach had duct and it understa Directors it the terr ND HOLE at such participant at such participant in the GF in the GF.	rticipation involves risk of injury and death. o all practices, games, team activities, and the GFL and any of its member associations, consors, managers, coaches, supervisors, or L and incident to transportation to and from	
of any GFL activity and as charges related to any sucl coaches, and other officials	gree that the physicia in emergency medical is from any and all res the GFL, its officers a	ns and/or medical prov I treatment rendered to ponsibility for the paym nd directors, its membe	iders who rend your minor ch tent of such me	er such treatm ild and agree dical expense	ent do so with to hold harmle s. You further a	your spec ss and ind gree as a	ould your child be injured during the course pific authority. You further agree to pay all lemnify the GFL, its member associations, parent of a child participating in the GFL to e of action resulting from your participation	
in GFL football must parti- play in an age group other	ational football league cipate at their age leve than the one he is er to registering and that	vel irrespective of their ntitled to play in by virt you nevertheless wish	rs vary trement size or other pl ue of his date of for your child	dously in heig nysical limitat of birth. By co to participate	ht and weight of ions. The GFL impleting this f in the GFL foo	even withi will not c orm, you otball prog	in the same age categories. All participants onsider any request for a football player to are acknowledging you have been advised gram. No GFL player may play or practice ion.	
ImPACT (Immediate Post legally authorized to provide	Concussion Assessm de this consent. I und	ent and Cognitive Testi erstand that my child's	ng) administere data will be sto	ed to my child ored on a HIPA	named above, l A-compliant a	by Norths nd secure	have (pre-concussion) baseline testing with ide Hospital Sports Medicine, and that I am server maintained by ImPACT, Inc., and it without this baseline testing.	
scheduling is		play all games at othe					unday. Due to field availability and other nat you are aware that games at the home	
In witness of our cons	sent and agreeme					signatu	res below.	
6/21/2022		, L	Daniet	in &	Camp			
Date		_		,	Parent or G	uardian		
							April 10	
Date					Parent or G	uardian		