

Registration Fee \$20.00(cash only)

Attendee's Name: \_\_\_\_\_

School: \_\_\_\_\_ Class(circle one) 2016 2017 2018 2019 2020

Position (circle one) Offense: QB WR RB TE Defense: LB CB FS SS

Attendee Contact Info:

Cell \_\_\_\_\_ Alt \_\_\_\_\_

Email \_\_\_\_\_

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PARENT OR GUARDIAN SECTION

Are there any MEDICAL need or concerns that we should know about regarding your child!!!!

\_\_\_\_ Yes or \_\_\_\_ No If yes, please explain: \_\_\_\_\_

By sign this form,you are giving permission for your child to tryout,play and travel with **GVP** and **TRU Sports** Foundations All star seven on seven team. You hereby release and hold harmless all coaches,staff,sponsor like **UTL,GVP,ADVOCARE,TRU SPORTS,PARKS,SCHOOLS FIELD** and all associated individual,member,or executive board member from these organizations,from and any loss,liability,injuries,expenses,and cost whatsoever associated with being a player on this team or field tryouts. **TRYOUTS WILL BE HOST AT Lake By The Bay Park 8551 SW 216th St Cutler Bay Florida 33189**

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Contact Info:

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Please Call Miguel Lopez with any Question at 786-404-1240 or 786-728-4002

Email [gvpallstars@gmail.com](mailto:gvpallstars@gmail.com) Website: [www.gvpallstar.webs.com](http://www.gvpallstar.webs.com)

