

5925 Monkland Ave
 Suite 101
 Montreal, QC
 H4A 1G7



Phone: 514-482-8555
 Fax: 514-487-0121
 Email: gmaa@gmaa.ca
 Website: www.gmaa.ca

G M A A
Official Player Registration Form

SCHOOL:

DEADLINE:

SPORT:

Classification

Gender: Boys Girls Open age category - born 1999 or later

Please use separate form for each team

Please Type Alphabetically			Coach(es):	
Foursome Number	Surname	First Name	mm/dd/yyyy	Handicap
1				
1				
1				
1				
2				
2				
2				
2				
3				
3				
3				
3				

Officials (1-4 golfers = 1 staff member/5-8 golfers = 1 staff member+2nd adult etc...)		
Surname	First Name	Number of Vouchers(optional)

Medical Examination Report: Only students who have been medically examined and classified as fit for all physical education activities or have parental permission to participate may be permitted to participate in GMAA activities. Such parental permission must be obtained each school year prior to participation in any GMAA activity. The undersigned certify that the above students have fulfilled all these requirements and are officially registered as full time students at the school.

Secondary Advisory Rep

School Principal

Please return this form with appropriate signatures and payment to the GMAA office