

BERMUDA ATHLETIC ASSOCIATION

24 Woodlands Road, Pembroke, HM07 – P O Box HM 190, Hamilton HM AX, Bermuda

Telephone: 441-292-3161

DO NOT MAIL FORMS- FORMS MUST BE HAND DELIVERED TO A COACH OR TO THE TECHNICAL DIRECTOR

MEMBERSHIP APPLICATION * MEMBERSHIP RENEWAL

APPLYING FOR - RENEWAL OF JUNIOR

JUNIOR SOCCER PROGRAM 2011/12

Player's Name _____ Jersey size S-M-L-XL

Date of Birth: ____ / ____ / ____

Day Month Year

School attending Sept. 2011 _____ Class _____

Home/ Mailing Address: _____

Mother's Name: _____ Home Tele. # _____

Work Tele. # _____ E-mail _____

Father's Name: _____ Home Tele. # _____

Work Tele. # _____ E-mail _____

Guardian: _____ Home Tele. # _____

Work Tele. # _____ E-mail _____

Doctor's Name _____ Contact #: _____

Registration Fee: \$350.00 (includes BAA Junior Membership**) cash _____ check # _____

U14 _____ **U16** _____

I / We hereby give consent for _____ (player's name) to participate in the **BAA Junior Soccer Program** and agree that the managers, coaches or other staff will not be held liable for any injury, damages or losses that may occur from this participation and that management may terminate this membership at any time without any compensation. The applicant (player) is of sound mental and physical health. I have also read and understood the conditions of the BAA Code of Conduct.

Parent's (or Guardian's) Signature

Player's signature

Date

*BAA Junior Membership** When there is at least one Senior BAA Member in a family, all other members of the same family, may be accepted as members on payment of half the appropriate annual dues. (Therefore registration fees \$325.00)*

PROPOSERS

BOARD OF MANAGEMENT

SENIOR MEMBER

FOR USE BY THE MEMBERSHIP COMMITTEE ONLY

APPLICATION – ACCEPTED / REFUSED

COMMENTS

DATE _____ POSTED _____

CHAIRPERSON _____

Contact Kenny Thompson at ktompson@baa.bm





BERMUDA FOOTBALL ASSOCIATION

P O Box HM 745

Hamilton HM CX

Tel: 441-295-2199 Fax: 441-295-0773 E-Mail: bfa@northrock.bm

YOUTH FOOTBALL

PLAYER REGISTRATION FORM

(PLEASE PRINT)

REGISTRATION

NUMBER

(for official use only)

CLUB: _____ **DIVISION:** _____

UNDER -14

UNDER -16

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SURNAME

FIRST NAME

MIDDLE

DATE OF BIRTH

--	--	--

DAY MONTH YEAR

AGE:

PARENTS NAME & WORK/HOME NUMBER:

	(W) _____ (H) _____
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MOTHER'S NAME

	(W) _____ (H) _____
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FATHER'S NAME

E-MAIL ADDRESS: _____

NAME OF SCHOOL: _____

**I/We hereby give consent for _____ to take part
(players' name)**

in the Bermuda Football Association's Youth Football Program and agree that the B.F.A. will not be held liable for any injury that may occur from this participation.

SIGNATURE: _____
(PARENT/GUARDIAN)

_____ (PLAYER)

DATE: _____

A copy of your CHILDS BIRTH-CERTIFICATE OR PASSPORT must be attached to this form!

Member of The Federation Internationale de Football Association

Member of C.O.N.C.A.C.A.F.