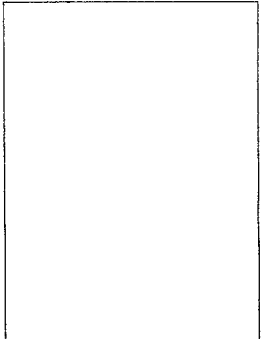




FOUNDED: 1974 - AFFILIATED TO: FIFA 1996; CONCACAF 1996; CFU 1995

## BVI FOOTBALL ASSOCIATION AFTER-SCHOOL REGISTRATION FORMS

**Players Full Name :** \_\_\_\_\_  
                                Surname    First Name  
DOB    \_\_\_/\_\_\_/\_\_\_          Age                      Sex                      \_\_\_\_\_  
                DD / MM / YYYY  
Passport # \_\_\_\_\_ Nationality \_\_\_\_\_  
School \_\_\_\_\_ Email Address \_\_\_\_\_



Mothers Name \_\_\_\_\_ Tel(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
                                Email \_\_\_\_\_  
Fathers Name \_\_\_\_\_ Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
                                Email \_\_\_\_\_

Photo

### Medical Record:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_  
Does your child have Health Insurance? \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_  
Expiration Date: \_\_\_/\_\_\_/\_\_\_  
                                    DD/ MM/ YYYY

Please indicate whether or not your child suffers from any medical conditions that will affect their performance: \_\_\_\_\_

### Emergency Contact Details:

Name \_\_\_\_\_ Tel \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

**I allow my child to take part in the British Virgin Islands Football Association After-School Program**

Childs's Name \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
  DD / MM / YYYY