



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

BVI FOOTBALL ASSOCIATION AFTER-SCHOOL REGISTRATION FORMS

Players Full Name : _____

DOB _____ Surname _____ First Name _____

Age _____ Sex _____

DD / MM / YYYY

Passport # _____ Nationality _____

School _____ Email Address _____

Mothers Name _____ Tel(H) _____ (W) _____ (C) _____

Email _____

Photo

Fathers Name _____ Tel (H) _____ (W) _____ (C) _____

Email _____

REGISTRATION FEE: \$10.00 Received _____

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

Child's Name _____

Parents Signature _____ Date: _____

DD / MM / YYYY