



**BVI FOOTBALL ASSOCIATION
YOUTHS SUMMER CAMP**

July 8-31, 2019

9:00 am to 1:00 pm

REGISTRATION FORM

Cost: \$60 per child / \$100 for children / \$125 max per family

Name of Child: _____

Age: _____ DOB: _____ Gender: _____

Level: Belong to a school Team: Never played before:

Parent(s)/Guardian(s): _____

Address: _____

Email: _____

Contact#: _____

Medical Condition: _____

NHI# _____ Other Insurance: _____

Declaration:

I give my son/daughter permission to attend the BVIFA Summer Football Camp and have no knowledge of any medical conditions that would prevent him/her from participating. I understand that, in any sport, medical coverage is paramount and that the BVIFA will not be held liable for any injuries incurred while participating in the football camp. Likewise, I also agree to hold harmless those coaches and member of the BVIFA staff.

Parent or Guardian Signature

Date

What to Bring:
water bottle, football cleats,
snacks, lunch

BVIFA CONTACT:
494-5655
bvifaasst@gmail.com or
Bvigensec2@gmail.com