



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

BVI FOOTBALL ASSOCIATION AFTER-SCHOOL REGISTRATION FORMS

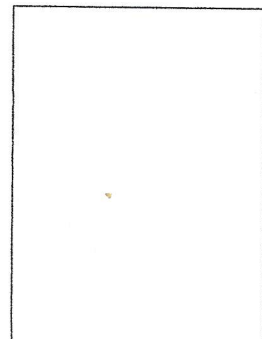
Players Full Name : _____

DOB _____ / _____ / _____ Surname _____ First Name _____ Age _____ Sex _____

DD / MM / YYYY

Passport # _____ Nationality _____

School _____ Email Address _____



Photo

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

Email _____

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