BVIFA PLAYER REGISTRATION FORM

Full Name: _____
First *Last* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *Postal Code*

Home Phone: ( ) _____ Alternate Phone: ( ) _____

E-mail Address: _____

Birth Date: _____ Country of Birth: _____ Nationality: _____ Visa: _____

TEAM DETAILS

Club Name: _____

Season: _____

NHI # _____

Blood Type _____

Photo I.D.

ATTENTION: The "PLAYING HISTORY" section MUST be completed – Any person who provides false information or withholds any of the required information will be suspended from all BVI Football Association activities for one year.

Has the player **ever** registered to play football in another country? ___ Yes ___ NO

If Yes, answer the following questions:

a) In which country did the player **last** register? _____

b) With which Club did the player **last** register in another country? _____

c) In which year did the player **last** register in another country? _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the BVI Football Association and my *Club* to collect and use personal information about me for the purpose of receiving communications from the BVIFA, FIFA and sanctioned Tournament Organisers.

We do not sell or distribute your personal information to any other third party not listed herein.

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership in the British Virgin Islands Football Association and Club, I, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:

1. I understand that I cannot play in any sanctioned match until after this registration form has been validated and the registration data has been entered in the BVIFA computerized registration system.
2. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of the BVIFA , my *Club* and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
4. I accept sole responsibility for personal possessions and athletic equipment.
5. I accept all liability for any damage to the playing equipment caused by me careless, negligent and/or improper handling.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

_____ _____ _____

Signature of Participant (If aged13 and over) Signature of Parent/Guardian (If under 18) Date