



PLAYER REGISTRATION #
(for BCB use only)
Registration # _____

YOUTH PLAYER REGISTRATION FORM

TEAM NAME (Club or School): _____
Please call or e-mail for help if your child does not have a team.

PLEASE TICK: PDL/17&UNDER () 14 & UNDER () 11 & UNDER () 8 & UNDER ()

ADMINISTRATION FEE: \$20.00 – payable upon registration

Name _____
First Middle Initial Last

Place of Birth _____ D.O.B. _____
Day Month Year

Home Address _____

Contact Person #1 _____ E-mail Address: _____
Please Print

Relationship to player: _____ Work # _____

Home # _____ Cell# _____

Contact Person #2 _____ E-mail Address: _____
Please Print

Relationship to player: _____ Work # _____

Home # _____ Cell # _____

Please select applicable box if your child been involved in any of the programs listed below:

Pee Wee U8's U11's U14's U17's Summer Camp BCBNA

I/we hereby give consent for _____ to take part in the Bermuda Cricket Board's Youth League and agree that the BCB will not be held liable for any injury that may occur from this participation. I/we also agree any photos taken may be used in BCB promotional materials (websites, posters, etc.).

Signature: _____
PARENT/GUARDIAN PLAYER (N/A if unable to sign) Date

