



BERMUDA CRICKET BOARD
 P.O. BOX HM 992,
 HAMILTON HM DX, BERMUDA
 Phone: 292-8958 Fax: 292-8959

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

YOUTH PLAYERS REGISTRATION FORM

TEAM NAME (CLUB/SCHOOL): _____ **DIVISION:** _____

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

NAME OF PLAYER (IN FULL)			
	FIRST	SURNAME (Last Name)	Middle Initial

PLACE OF BIRTH		DATE OF BIRTH			
			DAY	MONTH	YEAR

ADDRESS OF PLAYER				
	HOUSE #	HOUSE NAME AND STREET	PARISH	POSTAL CODE

MOTHER'S NAME: _____ EMAIL ADDRESS: _____ @ _____
Please Print

(W) _____ (H) _____ (CELL) _____

FATHER'S NAME: _____ EMAIL ADDRESS: _____ @ _____
Please Print

(W) _____ (H) _____ (CELL) _____

I/we hereby give consent for _____ to take part in the Bermuda Cricket Board's Youth League and agree that the B.C.B. will not be held liable for any injury that may occur from this participation.

SIGNATURE: _____
 (PARENT/GUARDIAN) (PLAYER)

DATE: _____