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)

SURNAME (Last Name)	FIRST	MIDDLE

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: _____