



Football Club affiliated with: _____

APPLICATION DATE _____

PLAYER REGISTRATION # _____

BARBADOS FUTSAL LEAGUE PLAYER REGISTRATION FORM

(please print firmly and legibly to make clear multiple copies)

LAST NAME _____ FIRST NAME _____ SEX _____

ADDRESS _____ PARISH _____

BIRTH DATE month day year COUNTRY OF BIRTH _____ BARBADIAN CITIZEN YES _____ NO _____

TELEPHONE (h) _____ - _____ - _____ TELEPHONE (w) _____ - _____ - _____ MOBILE # _____ - _____ - _____

PLAYER'S PROFESSION _____ NATIONAL I.D. # _____

TEAM NAME _____

I acknowledge that I assume the risk for any personal injury I sustain before, during, or after the game and/or practice and will not hold liable my Team, Club, League, National Association, or the Barbados Futsal League

Player's Signature _____ DATE _____

TEAM REPRESENTATIVE INSTRUCTIONS (please complete all information in this section including your name and address, then sign and date the form before sending it to the League Registrar, enclosing the appropriate fees and registration materials)

TEAM MANAGER/COACH

LAST NAME _____ FIRST NAME _____

ADDRESS _____ PARISH _____

TELEPHONE (h) _____ - _____ - _____ TELEPHONE (w) _____ - _____ - _____ MOBILE # _____ - _____ - _____

INSTRUCTIONS:- ALL PLAYERS, MANAGERS AND COACHES MUST SUBMIT 2 PASSPORT SIZE PHOTOS OF HIM/HERSELF IN ORDER TO RECEIVE THEIR BARBADOS FUTSAL LEAGUE PLAYER'S PASS. PLACE & SECURE PHOTOS WERE SHOWN BELOW. EACH PLAYER MUST ONLY SIGN ONCE IN THE PLAYERS PASS AREA.

MANAGERS WILL BE HELD ACCOUNTABLE (FACE A FINE AND SUSPENSION) IF THEIR TEAM DOES NOT PLAY EACH AND EVERY SCHEDULED MATCH, UNLESS PERMISSION IS GIVEN BY THE BARBADOS FUTSAL LEAGUE. THE BARBADOS FUTSAL LEAGUE, PLAYERS AND MANAGERS/COACHES WILL ABIDE BY THE BARBADOS FOOTBALL ASSOCIATION DISCIPLINARY CODE.

PLAYER'S PASS



PLACE PHOTO HERE

PLACE PHOTO HERE

OFFICIAL USE ONLY

Name (print) _____

Player I.D. # _____

Date of Birth _____

Signature _____

VERIFIED BY _____

REGISTRATION FEE \$ _____

AMOUNT PAID \$ _____

CASH _____ CHECK # _____

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