



# BFA Registration Form

## Adult Year-Round

### Personal Information

Player Last Name		Player First Name		Player Middle Initial	
Street Address			City	State	Zip
Phone No.	Cell No.	Gender	Age	Birth Date	
Email		Player Experience	beginner <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 advanced		
Number of Years Played	Player Position	T-Shirt Size (\$12)	<input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL <input type="radio"/> XXL		
In Case of Emergency Contact		Phone			

### Registration - Select BFA Program

1 Month  3 Month **Adult Year-Round / One session per week**

1 Month  3 Month **Adult Year-Round / Two sessions per week**

#### Register With A Friend?\*

\*Register with a friend for the same program and schedule and save!

YES  NO

Friend Name

### How did you hear about us?

Website  Postcard  Flyer  Email  Facebook  Twitter  Friend/Family member

Other

**Method of Payment**  Cash  Check

### Registration Agreement

In enrolling at the Brazilian Futebol Academy, participant understands that he/she is attending the programs and using the facilities at his/her own risk. The Brazilian Futebol Academy and its owners, employees, volunteers, or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/She does hereby fully and forever release and hold harmless the Brazilian Futebol Academy, all associated facilities and its owner, employees, volunteers, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by the Brazilian Futebol Academy. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at the Brazilian Futebol Academy to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Brazilian Futebol Academy and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Player Name

Date

Player Signature