



BFA Registration Form

Youth Year-Round

Personal Information

Player Last Name		Player First Name		Player Middle Initial	
Street Address		City		State	Zip
Current Grade in School		Gender	Age	Birth Date	
Player Position		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		T-Shirt Size (\$12) <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL			
Father's Name		Mother's Name			
Parent/Guardian Phone No.		Parent/Guardian Cell No.		Parent/Guardian Email	

Registration - Select BFA Program

Youth Year-Round / One session per week <input type="radio"/> 1 Month <input type="radio"/> 3 Months <input type="radio"/> 6 Months <input type="radio"/> 9 Months					Friday Training <input type="radio"/> Yes <input type="radio"/> No
Youth Year-Round / Two sessions per week <input type="radio"/> 1 Month <input type="radio"/> 3 Months <input type="radio"/> 6 Months <input type="radio"/> 9 Months					
Futebol 7 league <input type="radio"/> Yes <input type="radio"/> No		If yes fill in start date and team name		Date	Team 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 ("BFA"), Participant and Parent/Guardian understands that Participant is attending the programs and using the facilities at his/her own risk. The Brazilian Futebol Academy, its affiliated companies, and its owners, employees, volunteers, sponsors, independent contractors, 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/Guardians 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, its affiliated companies, 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 signing this assumption of risk agreement as Parent/Guardian, I acknowledge that I am consenting to Participant's participation in the Brazilian Futebol Academy and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity. 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.

Parent/Guardian Name		Date
Parent/Guardian Signature		