



# Bermuda Cricket Board

25 Point Finger Road, Paget, DV 04  
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E-mail: [info@cricket.bm](mailto:info@cricket.bm)

PLAYER REGISTRATION #  
(for BCB use only)  
Registration # \_\_\_\_\_

## YOUTH PLAYER REGISTRATION FORM

TEAM NAME (Club or School): \_\_\_\_\_  
Please call or e-mail for help if your child does not have a team.

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

**ADMINISTRATION FEE: \$20.00 – payable upon registration**

Name \_\_\_\_\_  
First Middle Initial Last

Place of Birth \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Day Month Year

Home Address \_\_\_\_\_

Contact Person #1 \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please Print**

**Relationship to player:** \_\_\_\_\_

(Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Contact Person #2 \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please Print**

**Relationship to player:** \_\_\_\_\_

(Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (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 (N/A if unable to sign)

Date: \_\_\_\_\_