

# Intro

## Bermuda Football Coaches Association COURSE REGISTRATION FORM

Today's Date: [Date]		Course Date: August 2019	
COURSE PARTICIPANT'S INFORMATION			
Participant's last name:		First:	Middle name or initial:
<input type="text"/>		<input type="text"/>	<input type="text"/>
Title: [Select One]			
Is this your legal name?	If not, what is your legal name?	Month Born:	Day Born:
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	Choose Month.	Day
Year Born:		Age:	Sex:
<input type="text"/>		<input type="text"/>	<input checked="" type="radio"/> M <input type="radio"/> F
Mailing Address:		Email Address:	
<input type="text"/>		<input type="text"/>	
Bermudian Status or Resident?	Home phone number:	Cell phone number.:	Work phone number:
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation:	Employer:	Shirt Size:	Pants / Shorts Size:
<input type="text"/>	<input type="text"/>	Select a Size	Select a size.
Are you a current member of the BFCA? Select One		Do you hold any additional coaching licenses? Select highest license level	
		Please list license or course details / date awarded: Example: UEFA B / 2016.	
Are you currently coaching a team? Yes / No Level: Select Level		Name of Club or School:	Age Level: Gender: Select
		<input type="text"/>	<input type="text"/>
INSURANCE INFORMATION			
(All participants are required to have insurance or sign a waiver of liability.)			
Is this participant covered by insurance?		Name of Insurance Company:	Policy Issued to:
<input checked="" type="radio"/> Yes I have insurance <input type="radio"/> Presently I am not insured		<input type="text"/>	<input type="text"/>
Group number:	Policy number:	Relationship to primary subscriber:	Primary Doctor's Name:
<input type="text"/>	<input type="text"/>	Select One	<input type="text"/>
Do you have any pre-existing medical conditions that would prevent you from participating fully? If yes please list below:		Do you have any allergies to medicines, food or otherwise? If yes please list below:	
<input checked="" type="radio"/> Yes, I have a pre-existing condition <input type="radio"/> No existing conditions		<input checked="" type="radio"/> Yes, I have know allergies <input type="radio"/> No known allergies	
<input type="text"/>		<input type="text"/>	
Please list any medications you are currently taking: <input type="text"/>			
IN CASE OF EMERGENCY			
Name of local friend or relative:		Relationship to participant:	Home phone no.:
<input type="text"/>		<input type="text"/>	[Phone number]
			Work phone no.:
			[Phone number]
I certify that the above information is true to the best of my knowledge. I understand that football is a contact sport, and that there are inherent risks of injury associated with playing and participating in this course. I hereby hold the Bermuda Football Coaches Association, its instructors and staff, and the facility operators harmless for any injury sustained while participating in this course. I authorize the Bermuda Football Coaches Association and its representatives to provide basic first aid in the event of a minor injury and also authorize them to seek urgent medical care from a doctor or physician if deemed necessary and required. I will be responsible for any costs incurred for related medical and emergency services in the event it is required. I also grant the Bermuda Football Coaches Association the right to use pictures and video captured from this course that may contain my likeness for future use in promotional, marketing and educational materials.			
Participant/Guardian signature		Date	