

**FEDERATION OF BROOMBALL ASSOCIATIONS OF ONTARIO**

**Junior Development Registration Form**

**League Information**

Region: \_\_\_\_\_ League: \_\_\_\_\_

Team: \_\_\_\_\_

**Player Information**

Player's Name: \_\_\_\_\_ Birthday:    /    /   

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

**New/Returning Player**

New players must provide a copy of their birth certificate. Returning players who have previously registered with the F.B.A.O. do not need to resubmit a copy.

New Player \_\_\_\_\_

Returning Player \_\_\_\_\_

**Health Card/Insurance Information**

Health Card Number: \_\_\_\_\_

Primary Insurance Provider Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Holder's Name: \_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

**In Case of Emergency Consent**

I hereby authorise emergency medical treatment or surgical treatment for myself or my son/daughter/ward if such treatment is required.

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

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Witness

I hereby declare that the above information is true and complete to my knowledge. Those signing this form release the F.B.A.O. and its officials from any responsibility due to accident and agree to abide by the Constitution, By-Laws, Rules, and Regulations of the Federation of Broomball Associations of Ontario. The above information is collected solely for the use of the F.B.A.O. and its affiliated teams and coaches, and will not be released to any outside organization or person.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian