

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