

(Please print in block letters)

TO BE COMPLETED FOR ALL MINORS COMPETING IN BFA TOURNAMENTS



Youth Consent Form

(Date)

General Secretary
Barbados Football Association
P. O. Box 659
Bridgetown

Dear Sir/Madam:

I _____ have given permission to allow my child/ward
(Name of Parent/Guardian)

_____ to represent _____
(Name of Child/Ward) (Name of Club)

in the _____
(Year, Football Season/Competition)

I understand that if permission is granted and the above named individual is presently attending an educational institution, then he/she MUST represent his/her school when required to do so. I further understand and hereby acknowledge that the **BARBADOS FOOTBALL ASSOCIATION (B.F.A)** will not be liable for any injury/injuries sustained as a result of participation in games played under the auspices of the B.F.A.

.....
Signature of Parent/Guardian

.....
Name of Parent/Guardian (PLEASE PRINT) Parent/Guardian's National ID number

.....
Relationship to Child/Ward (PLEASE PRINT) Child/Ward's National ID No)

.....
Date (day/month/year)