



BFA Registration Form

2020 Camps for Youth Ages 6-16

Personal Information

Player Last Name		Player First Name		Player Middle Initial	Home Phone				
Street Address			City		State	Zip			
School Grade	School/District		Club Player Y/N	Gender	Age	Birth Date			
Years Played	Player Position		T-Shirt Size	<input type="radio"/> YM	<input type="radio"/> YL	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Father's Name			Mother's Name			Parent/Guardian Cell			
Parent/Guardian Primary Email			Parent/Guardian or person authorized to drop off/pick up youth player						
Medical Information/Condition(s) (ex.: allergies, asthma, etc.)									

Registration - Select BFA Program

<input type="radio"/> July 6 - 10	<input type="radio"/> July 13 - 17	<input type="radio"/> July 20 - 24	<input type="radio"/> August 3 - 7	<input type="radio"/> August 10 - 14
<input type="radio"/> Full-Day Camp \$285 (9:00AM - 3:00PM)		<input type="radio"/> Half-Day Camp \$185 (9:00AM - 12:00PM)		
* Discounts apply for siblings, new referrals from current BFA participants, and for attending multiple camps. Please see website for detailed pricing information.			In the event your camp date is unavailable, indicate an alternate camp date from the choices above	
			Camp Date	

How did you hear about us?

Website
 Postcard
 Flyer
 Email
 Facebook
 Stadium Marquee
 Friend/Family Member

Other _____

Method of Payment

Payment can be made by cash or by check. Completed forms can be sent to registration@bfasoccer.com or by US mail. Payment can be made at BFA office or sent to: **Brazilian Futebol Academy 9449 Friars Rd. San Diego, CA 92108**

Registration Agreement

In enrolling at the Brazilian Futebol Academy, participant understands that he/she is attending the programs and using the facilities at his/her own risk. The Brazilian Futebol Academy and its owners, employees, volunteers, or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/She does hereby fully and forever release and hold harmless the Brazilian Futebol Academy, all associated facilities and its owner, employees, volunteers, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agrees to follow the rules of conduct and play set by the Brazilian Futebol Academy. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at the Brazilian Futebol Academy to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Brazilian Futebol Academy and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Parent Name	Parent Signature	Date
Participant Signature		