# Rugby Academy
## Signup form

**Child's Information**

Full Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Address: _____

**Parent/Guardian Information**

Parent/Guardian Full Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

**Emergency Contact Information**

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

**Medical Information**

Does your child have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

**Membership Fees:**

*We may introduce membership fees for the Bonaire Rugby Academy in the future to cover program costs. Currently, there are no fees. All changes to this policy will be communicated to parents and guardians in advance.*

**Terms and Conditions**

By signing this form, you agree to the terms and conditions set forth by the Bonaire Rugby Federation, including adherence to safety protocols and behavioural standards. You acknowledge that the Federation will take reasonable precautions for the safety and well-being of your child but is not liable for any injuries or incidents during rugby activities.

I, the undersigned, consent to my child's participation in rugby activities organized by the Bonaire Rugby Federation and accept the terms and conditions outlined.

Parent/Guardian Signature: _____

Date: _____