Membership Registration Form

Personal Information

Full Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Address: _____

Phone Number: _____

Email Address: _____

Team Selection

Please select the team you are joining by checking the appropriate box:

☐ Mad Dogs (Men's Team)

☐ Arawak (Men's Team)

☐ Island Warriors (Women's Team)

☐ Other (Please specify): _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Medical Information

Do you have any medical conditions we should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

Membership Fees:

Please note that the Bonaire Rugby Federation has a membership fee of 10$ a month, due on the first of each corresponding month, or 100$ a year if paid before March 1st of that year, to be transferred to the Bonaire Rugby Federation MCB account: 42747401 (USD) with your name as reference.

Terms and Conditions

By signing this form, you agree to adhere to the Bonaire Rugby Federation's terms and conditions, including compliance with all safety and conduct policies. You also acknowledge that the Federation is not liable for any injuries or incidents occurring during rugby activities.

Signature: _____

Date: _____