



2024 -2025
MANDATORY ADULT
REGISTRATION FORM



+1-242-357-9263



sds.bahamas@yahoo.com



WesternWarriorsFootball

Player full name:		
Player nationality:	Player date of birth:	
Player telephone no:	Player house location/address:	
Emergency Contacts		
Name(s)	Relationship	Mobile Tel
1) _____	_____	_____
2) _____	_____	_____
*Email addresses for team updates (list as many as needed including player's)		
Family doctor or clinic (name and phone no.):		
Any illness, medications or allergies?		
Medical insurance carrier and policy no, if any.		

EVERY PLAYER must send CURRENT IMAGES of:

- (1) Player's face (ok to take picture with cell phone against a white wall)
- (2) ID document such as a passport or birth certificate

Send via WhatsApp PM to +1-242-357-9263.

Players are to provide their own solid black athletic shorts, shin pads, and cleats. Training tops and match uniforms are provided by the Club.

We posts training and competition updates in our WhatsApp groups. Please make sure you are in the right group to receive timely info, and get in touch if your information changes.

*While the Club does its best to provide a safe and wholesome environment, **please be aware that all sports activities carry an inherent risk factor, and therefore the Western Warriors Football Club's coaches, managers, administrators, sponsors, drivers, volunteers and other players accept NO LIABILITY FOR ANY INJURIES, DEATH, LOST EQUIPMENT, etc. We do NOT have medical insurance for our players.***

By signing below, I acknowledge the risks involved with participating in training, matches and riding the team bus (if applicable), and hereby waive any claims whatsoever against the Club and its coaches, managers, administrators, sponsors, drivers, volunteers and other players, for the current season and thereafter.

(name of player)

(signature of player)

(date)

PLAYERS WILL NOT BE PERMITTED TO PARTICIPATE IN TRAINING OR MATCHES UNLESS THIS FORM HAS BEEN SUBMITTED