



THE BERMUDA BOYS' BRIGADE, 1<sup>ST</sup> BERMUDA COMPANY,  
A local ministry of ST PAUL'S CHURCH PAGET BERMUDA

Anchor Boys[Contact: Sheila Semos 236-9349] • No. 1 Section[Contact: \_\_\_\_\_] • No. 2 Section[Contact: David Semos – 334-9349] ]

## Enrolment and re-enrolment Form

For the Year: \_\_\_\_\_

**For Section (circle one):** Anchor Boys [5-7 years]    No. 1 Section [8-10 years]    No. 2 Section [11-18years]

### Boy's Details

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Present age: \_\_\_\_\_

Father/Guardian's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother/Guardian's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Church or Sunday School attended: \_\_\_\_\_

Sports involved with: \_\_\_\_\_

Main interests: \_\_\_\_\_

Musical instruments: \_\_\_\_\_ Print E-Mail Address \_\_\_\_\_

Sickness, injuries, allergies (eg asthma, diabetes, epilepsy): \_\_\_\_\_

Special medication or treatment required: \_\_\_\_\_

### Consent Section - For completion by parent or guardian.

I hereby consent to my son ..... participating in The Bermuda Boys' Brigade .....  
...1<sup>st</sup>. Company program for this year. I will see that he attends regularly and I will ensure the return of any property of the Company when he leaves. I will notify an Officer if any of the information on this form changes. I authorise the Officers and leaders to provide transport for BB related events for my son. I have an understanding of The Boys' Brigade program and acknowledge despite precautions and supervision, accidents may happen. I accept full responsibility and indemnify all Brigade personnel concerned with the organisation and running of the activities against any cost, damage or action for any medical, hospital and dental treatment necessary and authorise the Officers running the activity to act on my behalf. I understand that the information collected on this form will be used for the purposes of fulfilling The Bermuda Boys' B rigade objectives and duty of care for my child, and will be treated securely and not be passed on for commercial purposes.

Signed:

Printed Name:

Date:

At times, the activities of The Boys' Brigade will be photographed, audio and/or visually recorded. Reasonable attempts will be made to seek your permission if your son is clearly identifiable when these records are used for Brigade promotional purposes. Tick this box if you will NOT allow the use of these records where your son is clearly identifiable.

**Thanks in advance for your cooperation!**