



**Royal Bermuda Regiment**  
Junior Leaders  
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Date: 1 July 2025

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Dear Parents/Guardians,

**JUNIOR LEADER PROGRAMME ENROLLMENT**

1. Thank you for your interest in the Junior Leader Programme. Our goal is to be the best youth programme in Bermuda. To get started, please follow the steps below.
2. **Complete the Registration and Medical Forms**
  - Fill out and sign the Registration Form and Medical Form.
  - If you have any medical concerns that cannot be fully explained on the medical form, please provide details on a separate sheet of paper.
  - Submit the original forms in person, or scan and email them to [ggrayner@gov.bm](mailto:ggrayner@gov.bm).
3. **Schedule an Interview**
  - Once your forms are complete, arrange an interview with the Commandant of the Junior Leaders and the Adult Staff.
  - To book, email [ggrayner@gov.bm](mailto:ggrayner@gov.bm).
  - Interviews are held on Friday evenings between **1830 hrs – 1900 hrs**.
4. **Review and Sign the Code of Conduct**
  - Both you and your child must read and understand the Junior Leader Code of Conduct and the Junior Leader Parental Code of Conduct.
  - These documents outline the expectations for participants, parents, and the Adult Instructors, Junior Leader Officers, and Royal Bermuda Regiment Officers and Soldiers your child may work with.
  - Signed copies of both codes are required before participation.
5. **Collect the Uniform**
  - After we receive your Registration Form, Medical Form, and signed Code of Conducts, your child may begin participating in the programme.
  - Until a uniform is issued, participants should wear sports-style clothing.
  - To collect the uniform, parents should contact the FTI JLs on 335-0253 (Mon–Fri, 0830 hrs – 1700 hrs) to arrange a collection time.
  - All issued clothing and equipment must be returned when leaving the programme.
6. If you have any questions about the Junior Leader Programme, please contact me at [ggrayner@gov.bm](mailto:ggrayner@gov.bm).

Regards,

A handwritten signature in blue ink, appearing to be 'GSR'.

Gavin S Rayner  
Captain  
Commandant  
Royal Bermuda Regiment Junior Leaders

## JUNIOR LEADERS REGISTRATION FORM

PLEASE PRINT

DATE: \_\_\_\_\_

SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

D.O.B. \_\_\_\_\_

GENDER: \_\_\_\_\_

AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARISH: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

1. PRIMARY PARENT/GUARDIAN NAME: \_\_\_\_\_

TEL: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

PRIMARY E-MAIL: \_\_\_\_\_

2. PARENT/GUARDIAN NAME: \_\_\_\_\_

TEL: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT: \_\_\_\_\_

TEL: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

SWIMMING ABILITY:

STRONG

AMATEUR ☐

WEAK ☐

NO SWIM ☐

CITIZENSHIP: \_\_\_\_\_

PASSPORT #: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

## JUNIOR LEADERS MEDICAL QUESTIONNAIRE

Answer the following questions by indicating YES or NO.

	YES	NO
1. Have you ever suffered from dizziness, fainting or convulsions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever suffered from chronic shortness of breath or asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had a severe digestive problem?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had problems with your bones or joints, including breaks and recurring disabling backache?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever suffered loss of vision?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you wear corrective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had urinary or kidney problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been diagnosed with ADD, ADHD or any other learning disability?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been admitted into a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
10. If you answered YES to #9 please explain why in the space below.		

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11. Do you take medication? Give details in the space provided below.

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12. Do you have any other pre-existing medical conditions or allergies?

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13. Do you have any special dietary requirements?

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14. Please provide the name of your General Practitioner (GP) and the date of your child's last visit:

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15. Please provide the name of your Insurance Company and your policy number:

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By signing below the signatory parties attest that the information provided is true to the best of their knowledge and agree to the following terms and conditions:

1. The Parent and or Guardian duly accepts responsibility for any clothing or equipment entrusted into the care of their child, should the clothing or equipment be damaged or destroyed as a result of the actions of the Junior Leader, whether through malicious intent, neglect, or accidental causes.
2. The Parent and or Guardian consents that the above signed Junior Leader may participate in all activities which may include but is not limited to: abseiling, the use of firearms, completing the assault course, kayaking, and swimming.
3. The Parent and or Guardian releases and Royal Bermuda Regiment of any excessive liability in the event of mental distress, harm, injury, or death of the Junior Leader where it can be shown that:
  - a. The mental distress, harm, injury, and or death was a result of Junior Leader's failure to comply with the rules, regulations, guidelines, and or orders (verbal, written, implied, or otherwise) under which Junior Leaders were acting at the time; and
  - b. Steps were taken to mitigate the events occurrence.

\_\_\_\_\_  
SIGNATURE OF JUNIOR LEADER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE