

Photo Identification	Evidence of Age										
<div style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"> Affix 1 passport photograph NO LARGER than this frame here Do not use staples </div> <p>Do NOT obscure the image with adhesive tape.</p> <p>Do not wear any head gear and face the camera directly.</p> <p>Ensure that your full name and team name is printed on the reverse of the photograph</p>	<p style="text-align: center;"><i>Please refer to the notes page for instructions</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Current Full Signed Passport</td> <td style="width: 80px; border: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">Current UK/EU Photo Driving Licence</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">Current UK Driving Licence (old style)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">Current Overseas Photo Driving Licence</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">Birth Certificate / Student ID Card</td> <td style="border: 1px solid black;"></td> </tr> </table>	Current Full Signed Passport		Current UK/EU Photo Driving Licence		Current UK Driving Licence (old style)		Current Overseas Photo Driving Licence		Birth Certificate / Student ID Card	
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Ethnicity (Please tick one box only)		
White – British <input type="checkbox"/>	White – Irish <input type="checkbox"/>	White – Other (state which) <input type="checkbox"/>
White & Black Caribbean <input type="checkbox"/>	Mixed – White and Asian <input type="checkbox"/>	Any Other Mixed (state which) <input type="checkbox"/>
Asian – Indian <input type="checkbox"/>	Asian – Pakistani <input type="checkbox"/>	Asian – Other (state which) <input type="checkbox"/>
Black – Caribbean <input type="checkbox"/>	Black – African <input type="checkbox"/>	Black – Other (state which) <input type="checkbox"/>
Chinese <input type="checkbox"/>	Asian – Bangladeshi <input type="checkbox"/>	Other Ethnic Group (state which) <input type="checkbox"/>

Do you have any long term illness, health problems or disability that restricts the sorts of activities you can take part in? Yes / No

Declaration (to be completed if aged 18 or over)
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I agree to abide by all the rules and regulations of the British American Football Association (BAFA), and of the Association/Team to which I am registered.

At the time of signing this application I declare that I not registered with any other BAFA or EFAF recognised Adult League/Team.

I further confirm that I will not register with any other EFAF or BAFA recognised League/Team except in accordance with the transfer procedure recognised by EFAF, BAFA and the relevant Association.

I declare that I am over the age of 18 years, have provided all relevant details and not withheld information, which could affect this application.

I confirm that I have received full details of the Insurance cover from my Team's Management.

I have read and accept the League data protection policy detailed on the notes section which I have retained.

Signature of Applicant	Date										
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Name of Club Official											

Declaration (to be completed by Parent or Guardian of applicant aged under 18)
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I declare that I am the parent/legal guardian of the applicant detailed in Part 1 of this application form.

I agree that the applicant will abide by all the rules and regulations of the British American Football Association (BAFA), and of the Association/Team to which he/she is registered.

I declare that I am over the age of 18 years, have provided all relevant details and not withheld information, which could affect this application.

I confirm that I have received full details of the Insurance cover from my Team's Management.

I have read and accept the League data protection policy detailed on the notes section which I have retained.

Signature of Parent/Guardian	Date										
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For Office Use Only

Form Signed: <input type="checkbox"/>	Evidence of age (if NEW Member): <input type="checkbox"/>
Photo attached (if NEW Member): <input type="checkbox"/>	Payment received: <input type="checkbox"/>