

Photo Identification	Evidence of Age (1 item only)										
<p style="text-align: center;">Affix 1 passport photograph NO LARGER than this frame here</p> <p style="text-align: center;"><u>Do not use staples</u> <u>New Members Only</u></p>	<p>Do NOT obscure the image with adhesive tape.</p> <p>Do not wear any head gear and face the camera directly.</p> <p style="color: red;"><u>Ensure that your full name and team name is printed on the reverse of the photograph</u></p> <p style="text-align: center;">All members to send in copies of documentation Please refer to notes</p> <table style="width:100%;"> <tr> <td style="width:80%;">Current Full Signed Passport</td> <td style="width:20%; text-align: center;"><input type="text"/></td> </tr> <tr> <td>Current UK/EU Photo Driving Licence</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Current UK Driving Licence (old style)</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Current Overseas Photo Driving Licence</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>**Birth Certificate / Student ID Card</td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	Current Full Signed Passport	<input type="text"/>	Current UK/EU Photo Driving Licence	<input type="text"/>	Current UK Driving Licence (old style)	<input type="text"/>	Current Overseas Photo Driving Licence	<input type="text"/>	**Birth Certificate / Student ID Card	<input type="text"/>
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Current Overseas Photo Driving Licence	<input type="text"/>										
**Birth Certificate / Student ID Card	<input type="text"/>										

PLEASE DO NOT USE "Blue Tack" or similar material to affix the photograph to this form

Ethnicity (Please tick one box only)		
White – British <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Asian – Indian <input type="checkbox"/> Black – Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/>	White – Irish <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/> Asian – Pakistani <input type="checkbox"/> Black – African <input type="checkbox"/> Other Ethnic Group (state which) <input type="checkbox"/>	White – Other (state which) <input type="checkbox"/> Any Other Mixed (state which) <input type="checkbox"/> Asian – Bangladeshi <input type="checkbox"/> Asian – Other (state which) <input type="checkbox"/> Black – Other (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?

Notes:

- Please would **ALL** registering players send in a copy of their student ID. This can be your primary identification form or can be an addition to one of the others listed above right.
- **ALL** fields **MUST** be filled in. Any not filled in will result in the form being returned.
- The BUAFL operates a **10 day** cut off for roster additions. This requires forms to be with us at least 10 days in advance of the game.

Declaration (to be completed if aged 18 or over)																																						
<p>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.</p> <p>At the time of signing this application I declare that I am not registered with any other BAFA or EFAF recognised Adult League/Team.</p> <p>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.</p> <p>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.</p> <p>I confirm that I have received full details of the Insurance cover from my Team's Management.</p> <p>I have read and accept the BAFA data protection policy detailed on the notes section which I have retained.</p>																																						
Signature of Applicant Signature of Club Official Name of Club Official	<table border="1" style="width:100%; height: 40px;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> <tr> <td colspan="15"></td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Position</td> </tr> </table>																																				Date	Position
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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"/>

V3.4 01/10/09

The data you have provided to the BAFA Centralised Registration System is only made available to BAFA and its member associations. No information is provided to outside organisations without express permission unless there is a legal requirement to do so. Athletic Unions (or equivalent) will be entitled receive rosters

When completed, please return to: **BAFA Registrations, PO Box 67, Bulth Wells, LD2 9AG.**

Details of payment address will appear on the invoice you receive.