

## Registration Form New BUAFL Registrations

This form is for **2009/10 BUAFL registrations** and must be fully completed. If you have previously registered with BAFA since 1 April 2005 then please ensure that you add your BAFA Number below. **Please use black ink and BLOCK CAPITALS.** Any forms where the writing is not legible will not be processed.

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Team/Club Name												T									1					Τ					1
The BAFA Membership year runs from 1 April through to 31 March in the following year.									_																						
Membership year for this application:						1 <i>P</i>	۱pri	I 20	09				Т	o 3′	1 Ma	arc	h 20	10													
Basic Information Registration Type																															
Surname									Tick Relevant Boxes																						
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Date of Birth		H			+	Н								+					Sideline Assistant												
Nationality		Н			+	Н	_				+			+					Club Official												
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Home Address								_	Welfare Officer																						
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Locality		Ш				Ш												Coaches Association, BAFCA for the current BAFA year. If you hold at least a BAFCA Level 1 qualification													
Town																		this will include mandatory coach specific insurance cover.													
County																				···											
Post Code																			Co	ur	se	Inf	orn	nat	ion	1					
Home Phone	hone					Institution																									
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Email Address																			$\top$												

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, Builth Wells, LD2 9AG.

Details of payment address will appear on the invoices which you receive.

British American Footba	III Association	Registration Form										
<b>D</b> . ( ).												
Photo Ident	ification  Do NOT obscure the	Evidence of Age (1 item only)  All members to send in copies of documentation										
Affix	image with adhesive tape.	Please refer to notes										
1 passport photograph	Do not wear any head	Current Full Signed Passport										
NO LARGER	gear and face the camera directly.	Current UK/EU Photo Driving Licence										
than this frame here	•	Current UK Driving Licence (old style)										
Do not use staples	Ensure that your full name and team name is	Current Overseas Photo Driving Licence										
New Members Only	printed on the reverse of the photograph	**Birth Certificate / Student ID Card										
PLEASE DO NOT USE "Blue affix the photograph to this f												
	Ethnicity (Please	tick one box only)										
White – British	White – Irish	White – Other (state which)										
White & Black Caribbean	Mixed – White and Asian	Any Other Mixed (state which)										
Asian – Indian	Asian – Pakistani	Asian – Bangladeshi Asian – Other (state which)										
Black – Caribbean	Black – African	Black – Other (state which)										
Chinese	Othe	r Ethnic Group (state which)										
Do you have any long term illnes	ss, health problems or disability that	restricts the sorts of activities you can take part in? Yes / No										
The BUAFL operate days in advance of	es a <b>10 day</b> cut off for roster the game.	Il result in the form being returned. additions. This requires forms to be with us at least 10										
	Declaration (to be comple	ted if aged 18 or over)										
Association/Team to which I	am registered.	American Football Association (BAFA), and of the										
At the time of signing this apple League/Team.	plication I declare that I am not r	registered with any other BAFA or EFAF recognised Adult										
	t register with any other EFAF or nised by EFAF, BAFA and the re	r BAFA recognised League/Team except in accordance with elevant Association.										
I declare that I am over the a affect this application.	ge of 18 years, have provided a	Il relevant details and not withheld information, which could										
		er from my Team's Management.										
I have read and accept the B	AFA data protection policy deta	iled on the notes section which I have retained.										
Signature of Applicant												
Signature of Club Official		Date										
Name of Club Official		Position										
Photo	Form Signed:attached (if NEW Member):	Evidence of age (if NEW Member):  Payment received:										

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