



**Photo Identification**

Affix  
1 passport photograph  
**NO LARGER**  
than this frame  
here  
Do not use staples

Do NOT obscure the image with adhesive tape.

Do not wear any head gear and face the camera directly.

**Ensure that your full name and team name is printed on the reverse of the photograph**

**Evidence of Age (1 item only)**

*Please refer to the notes page for instructions*

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	

**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 – 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 – Bangladeshi <input type="checkbox"/>
Black – Caribbean <input type="checkbox"/>	Black – African <input type="checkbox"/>	Asian – Other (state which) <input type="checkbox"/>
Chinese <input type="checkbox"/>	Other Ethnic Group (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? Yes / No

**Declaration (to be completed if aged 18 or over)**

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 am 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 BAFA data protection policy detailed on the notes section which I have retained.

Signature of Applicant		Date	
Signature of Club Official		Position	
Name of Club Official			

**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"/>

V3.3 05/10/08