SENIOR PLAYER REGISTRATION FORM

SEASON 2014-2015

(To be completed in block capitals)

Any information provided on this form will be held privately and confidentially in terms with the Data Protection Act.

1	Surname:		
	Forename:		
	Known as:		
	Address 1:		
	Address 2:		
	Postcode:		
	Email:		
	Phone Numbers:	H:	
		M:	
2	Date of Birth:	Playing Position:	
3	Town of Birth:	Nationality:	

4	**Medical Information**
	Please detail below any important medical information that our coaches/medical staff should be aware of (e.g. epilepsy, asthma, diabetes, ongoing injuries etc.) PLEASE NOTE: *The club reserves the right to request a doctors certificate before allowing anyone to participate.*

5	**Disability Act**				
	The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.				
	Do you consider yourself to have a disability?	Yes		No	
	If yes, what is the nature of your disability? (Please advise below).				

6	**Next of Kin**	
	In the event of an emergency, who should we contact?	
	Contact Name:	Tel:
	Address:	Mob:
	Postcode:	Relation:

7	**Declaration**	
	I certify that all the above information on this form is correct and I agree to abide by the laws of the game, the BAFA rules, regulations, the clubs code of conduct and disciplinary proceedures. I understand that American Football is a high contact sport with a high risk of injury, and that the club accepts no responsibility for any injuries suffered during the playing and training of the sport.	
	Signature of Player:	Date:
	Print Name:	

	FOR OFFICIAL USE: To be signed by a club official			
	Name of Official		Date	
	Role at Club		Signature	