

All information will be kept strictly confidential under the provisions of the Data Protection Act 1998

Personal Contact Details

Name:

Telephone

PART A: Personal Details - Please enter all details in BLOCK capitals and complete the entire form

Address

Date of Birth

House Name

Address					Mobile				
Address					E-mail				
Address									
Town					PART B: Emergency Contact details				
County					Name				
Post Code					Number				
•			_	Relationship	To Applicant				
PART C: Re	gistration Deta	ails - Players ((including Player/C	Officials)					
Primary Region:					Primary Club Name:				
Primary Reg	istration		Fee due	Please Tick	Age Group	Club Name	Region		
Player (including Player/Official)			£33.50		U8 (not playing up at all)				
U8 playing up to U10			£4.50		U8 (playing up to U10)				
U8 playing up to U12			£23.50		U8 (playing up to U12)				
U8 (not playing up at all)			FREE		U10 (not playing up at all)				
U10 playing up to U12			£23.50		U10 (playing up to U12)				
U10 playing up to U14			£33.50		U10 (playing up to U14)				
U10 (not playing up at all)			£4.50		U12				
Number of different clubs playing for (excluding your Primary club)		Insert number of clubs	£5 per club (excluding your Primary club)		U14				
NEC / REC / League / Club Official			£28.50		U16				
Masters ONLY			£17.50		U18				
Training ONLY			£10.00		U21				
Recreational ONLY			£15.00		Senior				
Parent (with voting rights at meetings)			£5.00		Masters				
Have you ever been refused membership by another Association			YES/NO	Recreational					

There is an additional £5 National Membership Charge for EACH club you play for OUTSIDE of your PRIMARY Club

PLEASE COMPLETE PAGE 2

Players may only play for one club/region at each age group

Players are considered club bound if that club offers lower or higher age groups that the player is eligible to participate in.

Players are considered region bound if the region their primary club is registered to offers lower of higher age groups that the player is eligible to participate in.

Players may only play for another club outside of their region if their home club is registered in a region which does not provide a league for the lower or higher age groups the player is eligible to participate in.

PART D: DBS Details - NEC/REC/League	e/Club Officials, Tr	raining Only &	Parent Only			
All officials must possess a DBS Disclosur		rd Party Disclo		EPTED if you	r have REGIS	TERED your certificate for the
5 intime DBC Disclosure Cartificate NI IMB	1	DBO Opac	ILE SELVICE			
Existing DBS Disclosure Certificate NUMB	EK					
					1	
Registered on the DBS Update Service			YES	NO]	
I have authorised BIPHA to register their in	Status	YES	NO]		
I require a DBS Disclosure Application For	m		YES	NO	Please ad	dd an additional £10 to your membership fee
All DBS	S applications are e	exempt from t	the Rehabilitati	on of Offende	ers Act 1974	
DBS Disclosures can be provided at a cos regular, unsupervised contact with minors BIPHA's DBS Lead Signatory or BIPHA's I	st of £10 per applica s, other than their o	ation to all BIPHown children (e	HA members wh	ho act as an O	Official and any	
PART E: Declaration (Please be aware to	hat the BIPHA rese	erve the right	to refuse any a	pplication of	membership)	
I give my permission for the BIPHA t legislation and I also understand that membership status						
READ the following declaration(s) ca each official - produced by the NEC or			ndicated. A no	n-photograp	hic members	ship card will be provided for
I understand that the BIPHA are sign my conduct with the other signatories			sciplinary Agre	ement and	as such may	share information regarding
I know of no medical reason that may Byelaws, Constitution, Codes of Con properly voted for at any meeting of the the BIPHA website and are available to	nduct and Child F the National Exec	Protection Poleutive Commit	olicy and Proce ttee. All of the	edures. I alse aforemention	so agree to a	abide by all other policies as
I agree that in accordance with the p Controller, will be held in a secure dat to any third party. Information provide	tabase and used	solely for the	e purpose of th	ne BIPHA. Th	ne information	n provided will not be passed
I hereby give my permission for my acknowledge that if I later change my my child/children will be treated in acc	mind I can withd	draw my permi	nission at any t	time in writing		
Signed:			Date:			
Print your full name below if signing on bel	half of a person who	o is under 16 ye	ears of age.			
Full Name:						
PART F: OFFICIAL USE ONLY						
Membership Number			Date: (ente	er dd/mm/yy	<i>(</i>)	
Membership Agreed (Circle One) YES		NO				
Fee Paid (Circle One) VES	NO		Signed	(Membership Secretary)		