



# ENGLISH POOL ASSOCIATION

Recognised by the Sports Council as  
The Governing Body for Pool in England  
VAT No: 601 512 790



## EPA ID Card Registration Form

(Please complete in block capitals)

|                   |         |             |           |
|-------------------|---------|-------------|-----------|
| First Name        |         | Last Name   |           |
| Address           |         |             |           |
| Postcode          |         |             |           |
| Telephone Numbers | Mobile: |             | Landline: |
| Email Address     |         |             |           |
| Date of Birth     |         | Male/Female |           |

|                      |          |       |  |                 |          |
|----------------------|----------|-------|--|-----------------|----------|
| Current EPRA Referee | Yes / No | Grade |  | Wheelchair User | Yes / No |
|----------------------|----------|-------|--|-----------------|----------|

|        |  |        |  |                  |  |
|--------|--|--------|--|------------------|--|
| Region |  | County |  | Interleague Team |  |
|--------|--|--------|--|------------------|--|

|  |
|--|
| Affiliated Leagues You Play in (please list) |
|  |
|  |

|  |   |         |  |                   |  |
|--|---|---------|--|-------------------|--|
| Purpose of application (tick as applicable): |   |         |  |                   |  |
| New  |   | Renewal |  | Change of Details |  |
| Replacement Card                             |   |         |  |                   |  |
| Transfer                                     | (state which County you are transferring from): |         |  |                   |  |

|                  |   |
|------------------|---|
| Registration Fee | £ |
|------------------|---|

*We will contact you as necessary with regard to fixtures and any necessary information regarding your membership of this organisation.*

*We may like to contact you with details of competitions we run. Please indicate below if you would like to receive competition mailshots via: (EPA may not use all forms)*

|                                     |  |          |  |      |  |
|-------------------------------------|--|----------|--|------|--|
| Email                               |  | Phone    |  | Post |  |
| Social Media (please give details): |  |          |  |      |  |
| Twitter                             |  | WhatsApp |  |      |  |
| Other (please specify)              |  |          |  |      |  |
|                                     |  |          |  |      |  |

continued/...

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I apply for an English Pool Association ID Card and agree to abide by the Rules and Constitution of the Association. I have been made aware of and given access to the EPA Privacy Notice (also available on the EPA Website [www.epa.org.uk](http://www.epa.org.uk)).

I understand EPA will not share my data with any third party other than any specifically approved by me or which they have a legal obligation to, eg Government, Law Enforcement etc (see Privacy Notice).

I understand that should I play in or administer a pool event organised in direct competition with the English Pool Association (EPA), then this registration may be suspended. Events that EPA recognises as in direct competition to the WEPF, EEPF and EPA rules are any events above local league level; specifically, 'Inter-league', 'Inter-county' and 'International' events. Playing in or administering these levels of events whilst a current valid EPA registered ID cardholder, will result in disciplinary action by the EPA, which may result in suspension of EPA registration. I understand EPA ID Card holders cannot play on the IPA Tour and if they do, will face suspension.

|                    |  |      |  |
|--------------------|--|------|--|
| Player's Signature |  | Date |  |
|--------------------|--|------|--|

If you are UNDER 18 on 1<sup>st</sup> January, this form MUST be COUNTERSIGNED by Parent/Legal Guardian

|                                   |  |      |  |
|-----------------------------------|--|------|--|
| Parent/Legal Guardian's Signature |  | Date |  |
|-----------------------------------|--|------|--|

Please tick as appropriate:

|        |  |        |  |          |  |
|--------|--|--------|--|----------|--|
| Father |  | Mother |  | Guardian |  |
|--------|--|--------|--|----------|--|

|   |  |
|---|--|
| Contact details if different from above |  |
|---|--|

For County / Regional / National Official Use

| ID Barcode Number |   |   |  |  |  |  |  | Fee Paid | Photo |
|-------------------|---|---|--|--|--|--|--|----------|-------|
| 1                 | 0 | 0 |  |  |  |  |  | £        |       |

|                      |        |     |    |             |     |    |
|----------------------|--------|-----|----|-------------|-----|----|
| <b>Player Status</b> | County | Yes | No | Interleague | Yes | No |
|----------------------|--------|-----|----|-------------|-----|----|

|                                    |  |             |  |
|------------------------------------|--|-------------|--|
| <b>County Official's Signature</b> |  | <b>Date</b> |  |
|------------------------------------|--|-------------|--|