



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
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Region		County		Interleague Team	
International Player (state Country you play for):					

Affiliated Leagues You Play in (please list)

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

Registration Fee	£
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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 circle preference below if you would like to receive competition mailshots via: (EPA may not use all forms)

Email	Yes / No	Phone	Yes / No	Post	Yes / No	WhatsApp	Yes / No	Twitter	Yes / No
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Other (please give details):
Additional information eg Twitter tag etc

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).

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).

Player's Signature		Date	
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If you are UNDER 18 on 1st January, this form MUST be COUNTERSIGNED by Parent/Legal Guardian

Parent/Legal Guardian's Signature		Date	
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Please tick as appropriate:

Father		Mother		Guardian	
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Contact details if different from above	
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For County / Regional / National Official Use

ID Barcode Number								Fee Paid	Photo
1	0	0						£	

Player Status	County	Yes	No	Interleague	Yes	No
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County Official's Signature		Date	
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