

# England Handball Association

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## Player Registration 2007 - 2008

To be completed by individual players wishing to register with an affiliated club for the season 2007/2008. In signing this registration form the individual shall understand they have committed themselves to the stated club for the period of one season. (This fee covers cost of civil liability insurance, affiliation to British Handball Association and England Handball Association and administration costs.)

Please complete in **BLOCK CAPITALS**. Cheques should be made payable to England Handball Association.

**English League  
Division 1 £30.00**

**English League  
(Development) £20.00**

Players registering for the first time should also send a passport photo and a photocopy copy of one form of photo ID.

**EHA Registration Number (if known):**

**Forename**

**Surname**

**Name of club**

**Date of birth**

**Nationality**

**Address**

**Telephone**

**E-Mail**

### International Transfer

All players are subject to the IHF and EHF Rules on International Transfer of Players. If you answer YES to the following question you are also required to complete an 'International Transfer Request' form. Please refer to EHA guidelines on international transfer.

**Is your registration currently held by another federation?**

**Note: if you have been registered with another federation in the past 24 months and have not completed an international transfer please tick YES.**

Yes

No

I the above named wish to be registered as a player of the above named club. I agree to abide by the Rules and Regulations of the British & England Handball Associations applicable to me as a player, wheresoever they might be found, I and confirm that all details above are true and correct and have been confirmed by the club official named below.

**SIGNATURE OF PLAYER**

**Signed (CLUB OFFICIAL)**

**PRINT NAME**

**DATE**

## Equity Policy

It would be helpful to England Handball in monitoring the effectiveness of our equity policy if you could complete this form. All this information is treated in confidence.

### **Ethnic Origin**

Choose one category from A to E and then circle the appropriate option to indicate your cultural background:

#### **A White**

British

Irish

Any other white background (please write in) \_\_\_\_\_

#### **B Mixed**

White and black Caribbean

White and black African

White and Asian

Any other mixed background (please write in) \_\_\_\_\_

#### **C Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background (please write in) \_\_\_\_\_

#### **D Black or black British**

Caribbean

African

Any other black background (please write in) \_\_\_\_\_

#### **E Chinese or other ethnic group**

Chinese

Any other (please write in)

### **Disability**

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long term adverse effect upon his/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? \_\_\_\_\_

(You may wish to use one of the following categories: visually impaired; hearing impaired; physical disability; learning disability; multiple disability.)

### **Gender**

Please indicate whether you are **male** or **female** (please circle)

### **Age**

Please circle the appropriate box to indicate your age band:

<15    15-20    21-25    26 – 30    31 – 35    36 – 40    41 – 50    51 – 60    61 – 70    70 +