



**IFAF
SELF DECLARATION CARD U16
2017**

PLAYER:

PASS NUMBER:

DATE OF BIRTH:

NATIONALITY:

CLUB TEAM:

DATE:

PARENTS SIGNATURE:

DATE:

FEDERATION SIGNATURE AND/OR STAMP:

DATE:

IFAF SIGNATURE:

A copy of this needs to be forwarded to IFAF office once signed by all parties.

Please, FILL THIS FORM ON THE COMPUTER.