



**IFAF  
SELF DECLARATION CARD U16  
2017**

PLAYER:

PASS NUMBER:

DATE OF BIRTH:

NATIONALITY:

CLUB TEAM:

DATE:

PARENTS SIGNATURE:

.....

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DATE:

FEDERATION SIGNATURE AND/OR STAMP:

.....

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DATE:

IFAF SIGNATURE:

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

**Please, FILL THIS FORM ON THE COMPUTER.**