

## **Registration and Medical Information**

Name:	D	ate of Birth:		Gender:
Address:				Post Code:
Home Tel:	M	Mobile Tel:		
Email:	•			
Do you have a disability or injury to Yes / No (please delete or	circle)	participating act	tively in the pra	actical session?
Do you have a learning difficulty? Yes / No (please delete or				
f you have answered yes to the a	above, please give furt	her details and	indicate any r	equirements you have:
Current Injury / Illness: (incl. dia	abetes / asthma / epile	psy / allergies /	heart problem	ns):
Current status: (please delete or	circle) <b>FULL</b>	Y FIT	UNSURE	INJURED/ILL
Previous Injury / Illness (of relev	vance)			
·	,			
Medications / tablets (currently b	being taken):			
, ,	,			
Other Information: (please decla	are any other medical	information you	feel appropria	ate)
dana ara da	0			
Have you received covid vaccination  Yes / No (please delete or				
Emergency Contact:				
Felenhone numbor:				
Telephone number:				



## **Consent Form**

This form is to provide consent to allow you to participate in recreational training sessions and matches

I have read and understood the activities being offered to me and agree with the measures the club has put in place
to manage any risks, including its COVID-19 measures in line with current Government guidance.

* I agree – signature
acknowledge an amendment to the club's Data Privacy Notice to enable the sharing of data with NHS Test and Trace teams in the event of an outbreak.
*I acknowledge – signature

By signing below, you are declaring that you are fit to play. If at any time you feel unwell you need to let your coach know and stop playing. If you develop COVID 19 symptoms or test positive for covid-19 within 48hrs post training/match you must inform your club.

## **Terms and Conditions**

- Before taking part in participants are required to complete the registration form, which will remain valid for all and any other sessions over the period that where covid restrictions apply.
- It is your own responsibility to keep us updated of any changes to your personal re-registration and medical information, i.e.- illnesses new or ongoing, injuries, any health concerns, or personal data.
- In some circumstances a doctor's note may be required to verify that you are fit to participate in this activity.
- Walking football is a competitive sport involving potential risks to health by its nature. Whilst every effort is made to ensure that we play in a friendly and gentlemanly way, in accordance with WFA. Rules and the modifications put in place for added safety by the club. Please note that members take part in this activity at their own risk. The group, representative team and individual members cannot be held responsible for any injury. The group retains the right to discontinue participation of any player who behaves in a non-gentlemanly or dangerous manner. All players are playing AT THEIR OWN RISK throughout any of the walking football sessions.

• A	T THEIR OWN RISK throughout any of the walking football sessions.  Il participants are asked to abide by the rules of Walking Football and participate in the session in a safe and sporting manner and with due regard for the safety of their fellow participants and facilitators.
DATE:	
SIGNAT	URE:
PRINT N	NAME: