



## Registration and Medical Information

Name:	Date of Birth:	Gender:
Address:	Post Code:	
Home Tel:	Mobile Tel:	
Email:		

Do you have a disability or injury that may prevent you participating actively in the practical session?  
**Yes / No** (please delete or circle)

Do you have a learning difficulty?  
**Yes / No** (please delete or circle)

If you have answered yes to the above, please give further details and indicate any requirements you have:

**Current Injury / Illness:** (incl. diabetes / asthma / epilepsy / allergies / heart problems):

**Current status:** (please delete or circle)      **FULLY FIT**      **UNSURE**      **INJURED/ILL**

**Previous Injury / Illness** (of relevance)

**Medications / tablets** (currently being taken):

**Other Information:** (please declare any other medical information you feel appropriate)



**Emergency Contact / Next of Kin:**

In the event of emergency what is the name of the person we contact?

What is their telephone number(s)?

**Covid-19 Consent Form**

This form is to provide consent to allow you to participate in recreational training sessions and matches during the COVID-19 restrictions and rules.

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 \_\_\_\_\_

I 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 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.
- All 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

**DATE:**

**SIGNATURE:**

**PRINT NAME:**