*(Insert Your name)* **Walking Football**

**Player Registration Form**

We hope you have a most enjoyable experience playing walking football and for your own health & safety we would be most grateful if you could spend a few minutes reading this information and completing the section at the bottom, many thanks.

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| Our commitment to you: | **Your commitment to (Insert Club name)WF:** |
| We will respect your personal decisions and allow you make your own decisions about the level of activity you wish to carry out. | You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with your participation in walking football you should seek professional medical advice and follow that advice. |
| We will make every reasonable effort to ensure our sessions are risk assessed and any issues are communicated at the start of each session. | If you become unwell or injured during a session please inform us immediately so we can contact the centre first aid staff, if appropriate. |
| Please inform us if you have an injury or disability that puts you at a disadvantage and we will consider what adjustments, if possible, are reasonable for us to make. | It is your responsibility to ensure that you can safely participate. You undertake walking football at your own risk and acknowledge the inherent risks of participating in this activity. |

Whilst efforts are taken to minimise the risk involved taking part in walking footballing sessions, this does not provide absolute guarantee to all participants that accidents or injuries will not occur.

(NAME OF CLUB) accepts no responsibility for any injury incurred during the sessions.

I can confirm that I am well & healthy to partake in physical exercise and understand that it is my responsibility to seek the advice and approval of my doctor before undertaking regular exercise.

**Please complete the details below and by signing this you agree to the above conditions:**

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Date of Birth: |  |
| Phone Number: |  |
| Email: |  |
| Emergency contact phone no: |  |