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**Cove Walking Football Club**

**Player Registration Form**

We hope you have a most enjoyable experience playing walking football and for your own health and 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 Cove Walking Football Club:** |
| We will respect your personal decisions and will allow you to make your own judgment 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 may 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 potential 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 determine the appropriate course of action. |
| Please inform us if you have an injury or disability that affects your playing ability 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 all reasonable efforts are taken to minimise the risks involved taking part in walking football sessions, this does not provide a guarantee to participants that accidents or injuries will not occur.

Cove Walking Football Club accepts no responsibility for any injury incurred during the sessions.

I can confirm that I am well and 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:**

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| Signature: |  |
| Print Name: |  |
| Date of Birth: |  |
| Telephone Number: |  |
| Email address: |  |
| Emergency contact name and telephone number: |  |

(V2-January 2020)