

Nottingham Bramcote Walking Football Club – Membership Registration Form

Name Date of Birth

Email Gender

Address Tel No

..... Post Code

Emergency Contact Name Tel No

Medical Conditions

Disability (if any)

To comply with GDPR regulations all the above information is held on an electronic database for administrative use within the Club. No data is disclosed to external businesses.

I am aware of the potential risks involved, the degree of fitness required to participate in the activity and the need to take out my own personal accident cover if I deem it necessary.

I agree to receive medical treatment from qualified first aiders.

I accept the conditions of membership, including acknowledging receipt of a copy of the Club's Constitution and payment of the Annual Membership Fee, if required, within 28 days of the 1st January or date of joining whichever is sooner.

Signature of member or carer/parent (if under 18 years of age)

Date.....