

# East Algarve Walking Football (EAWF) and East Algarve Football Club (EAFC) registration form

In order to participate in sessions and tournaments organised by EAWF and EAFC it is necessary to complete this form. Apart from date of birth, telephone numbers, email address and signature, please do so using BLOCK CAPITAL LETTERS.

## Personal Information.

Surname			
Other name(s)			
Preferred first name			
Date of birth (dd/mm/yyyy)		Gender *	
Telephone number			
Alternative telephone number *			
Email address			
Emergency contact details	Name		
	Telephone number		

\* optional

## Activity.

Are you (please tick those that apply):

Walking footballer       Running footballer       Referee

Just interest in EAWF/EAFC news

Do you wish to be considered for selection for EAWF teams in tournaments?    Yes  / No

Do you wish to be considered for selection for EAFC teams in tournaments?    Yes  / No

I have read the EAWF and EAFC Code of Conduct and agree to abide by it at EAWF- and EAFC-organised football sessions and tournaments. Please tick.

For **Walking Football** participation: I have studied the EAWF Laws Of The Game and agree to abide by them during EAWF-organised sessions and tournaments. Please tick.

DISCLAIMER: I understand and agree that EAWF, EAFC and their officers are not liable for any personal injury, illness or condition I may suffer from as a result of participation in EAWF- and EAFC-organised football sessions and tournaments. Please tick.

I agree to allow EAWF and EAFC to use my data under the European Union General Data Protection Regulation (EU GDPR). Please tick.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please fill in and then print this form, sign it, and bring it to a session or email it to Paul Burn (551geordie@gmail.com)