

**East Algarve Walking Football (EAWF) and
East Algarve Football Club (EAFC) registration form**
(November 2024)

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 a (please tick those that apply):

Walking footballer Running footballer Referee ?

Do you wish to be considered for selection for football squads and teams to represent

EAWF: Yes / No EAFC: Yes / No in matches and tournaments?

Terms and conditions

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 its 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.

Under the European Union General Data Protection Regulation (EU GDPR), I give my consent to allow East Algarve Walking Football (EAWF) and East Algarve Football Club (EAFC) to store and use my personal information.

Where appropriate, this consent will enable their coordinators (selectors) to select football squads and teams for matches and tournaments, and allow the information to be shared with the event organisers. Please tick.

Signed _____ Date _____

Please complete and sign this form, and either bring it to a session or email it to Paul Burn (551geordie@gmail.com).