

# ESSEX WALKING FOOTBALL LEAGUE AND CLUB REGISTRATION FORM

Consent Form 2019 Season (For all players 50+)

Please ensure **ALL** information is filled in otherwise you will not be allowed to take part in the Essex Walking Football League.

Name		D.O.B	
Club/Team			

Address			
			Postal Code
Home Phone Number		Mobile Number	
Email			

Alternative Emergency Contact Name			
Relationship			
Address			
		Postcode	
Home Phone Number		Mobile Number	
Email			

Do you acknowledge the need to behave responsibly and follow the Essex Walking Football Leagues Rules.

Yes     No

Please indicate, which Essex Walking Football League club/team you wish to be eligible for:

	50+	<input type="checkbox"/>	60+	<input type="checkbox"/>	65+	<input type="checkbox"/>	*North/South
	50+	<input type="checkbox"/>	60+	<input type="checkbox"/>	65+	<input type="checkbox"/>	*North/South
	50+	<input type="checkbox"/>	60+	<input type="checkbox"/>	65+	<input type="checkbox"/>	*North/South

**NB:** An individual aged over 65 is also able to play in the Over 50's and the Over 60's Divisions. An individual aged over 60 but not 65 can also play in the Over 50's Division. An individual aged over 50 but not 60 can only play in the Over 50's with just one exception – they have to be a goalkeeper.

Once you have indicated, which Division/s and team/club you wish to play in/for you are expected to play and be picked to play in that Club/Team Divisions' fixtures as and when required. **You cannot play for in any EWFL Division for two or more clubs.**

## Medical

Medical Condition(s) Please state:

Allergies:	Yes / No
If Yes please state allergies:	

## Pictures Declaration

I hereby give the Essex County FA/Essex Walking Football League/Club permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting the named above. Images will be used for any of the following: Advertisement, Marketing, Leaflets, Social Media, or any other use such as training, educational or publicity purposes.

Please Tick

## Declaration

As the player mentioned above I will attend the Essex Walking Football League, as allowed within the rule structures of The Football Association and in the event of an injury/incident, I give consent for any immediate treatment as deemed necessary by a qualified physiotherapist or first aider.

Signed		Full Name	
Date			

**Note** – This form will remain in the possession of the Club unless a copy is requested by either the Essex County FA or the Rules Committee of the Essex Walking Football League.

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### **Office (Essex FA and Club) Use Only:**

Complete input on registration (FA 'Whole Game') Database:  Date completed: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_ Print Name \_\_\_\_\_

Players FAN Reference:

\*Delete when applicable