



LAMBETH WALKING FOOTBALL CLUB

MEMBER REGISTRATION FORM

Name	
DoB	
Phone contact	
email	
Medical Conditions* <i>(any which should be known by other members to assist me in an emergency) – non mandatory</i>	
Next of Kin Name	
Relationship	
Next of Kin phone contact	
<p style="text-align: center;">I acknowledge, understand and consent that;</p> <ol style="list-style-type: none">1. I will participate in Lambeth Walking Football Club (the Club) activities at my own risk. Whilst the Club will make appropriate endeavours to assist me in an emergency, I will not hold it liable for its response actions undertaken, delayed or omitted.2. It is my responsibility to advise the Club (by way of any Club Officer present or the professional coach) prior to starting an activity of any immediate medical concerns I have which might cause injury to me or other players.3. The data I have provided in this disclaimer will not be shared with any third-party organisation without my express permission. It will only be used by the Club for the purposes of contacting the member in relation to Club activities; or the next of kin in the event of an emergency. It will be destroyed when I leave the Club.4. I will pay in full for my participation in Club activities prior to their commencement. Failure to do so will result in me not being able to participate in that activity. For the avoidance of doubt, LWFC will not accept cash payments after 1st January 2024. I accept that no refunds will be provided where I do not attend (other than where the Club cancels activities except planned bank holiday closures of the Ferndale Centre which is not within the control of the Club).5. I will respect the Club's ethos of non-discrimination and of fair play and respect for the rules of the game, other players and its officials. Behaviour outside of this may result in disbaring from the Club.	
Member Signature	
Date	