

**BLACKMORE ATHLETIC WALKING FOOTBALL CLUB  
PLAYER REGISTRATION/EMERGENCY DETAILS FORM**



Forename and Surname	
Address	
Email Address	
Contact Tel Number	
Date of Birth	

Name of Emergency Contact	
Emergency Contact Tel Number	
Enter medical conditions that a Paramedic may need to be aware of or N/A if not applicable	
Enter details of any medication currently being taken or N/A if not applicable	

**Declaration.** In registering with Blackmore Athletic Walking Football Club, I acknowledge that participation in training and matches does require a reasonable level of aerobic fitness and I will participate at my own risk. I agree to advise the club of any changes to my medical condition and/or medication.

**SIGNATURE:**

**DATE:**