



WALKING FOOTBALL SPAIN

www.walkingfootballspain.com

REGISTRATION FORM

For the subscription year 1st May 2025 to 31st April 2026

Please complete both pages, read and sign and date both pages

Personal Information

Name:

Date of Birth:

Home Address:

Passport /TIE/NIE Number

Are you resident in Spain Y/N

Email address:

Telephone contact:

Relationship:

Next of Kin:

Next of Kin telephone contact:

Please list any current medical conditions or disabilities or Allergies:

Please state any current medication:

I understand that I must carry a copy of the medical form with me at all times whilst attending walking football with WFS.

Signed _____

Code of Conduct

I understand, agree and accept that Walking Football Spain is a private club (hereinafter "the club") and not a formal association. The club comprises individual members who wish to come together to play walking football in an enjoyable, safe and inclusive environment. The club will appoint a Coordination group to carry out administrative matters relating to the club. I understand that the individual members of the Coordination Group have no ownership interests in the club either implicitly or explicitly.

I agree that I will treat all members with respect both on and off the field, play fairly and honestly and refrain from deliberate physical contact, observe and abide by all of the rules, regulations, policies of the club as may be in force from time to time

Declaration

I hereby release and covenant not to sue WFS and any of its agents, appointed officers, instructors or trainers from any all present and future claims resulting from ordinary negligence on the part of WFS or others listed for property damage personal injury or wrongful death arising as a result of my engaging in or receiving instructions at WFS program activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and claims resulting from ordinary negligence both present and future that may be made by me, my family, estate, heirs assigns. Further, I am aware that sports can be vigorous involving at times, severe cardiovascular stress and violent physical contact. I understand accept and agree that sports involve certain risks including but not limited to injury, death serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually bones, joints, muscles and internal organs and that equipment provided for my protection may be inadequate to prevent said serious injuries. I further agree to indemnify and hold harmless WFS and others listed for any and all claims arising as a result of my engaging or receiving instruction in WFS activities or any activities incidental thereto wherever, whenever and or however the same may occur. I have private insurance coverage for myself and will list the carrier and policy number below. In the absence of this information, I assume all liability for such expenses. I understand that this waiver intended to be as broad and inclusive as permitted by the laws of Spain and agree that if any portion is held invalid the remainder will continue in full legal force and effect.

I agree to be registered as a member of Walking Football Spain for the period from 1st May '25 to 31st April '26 (or date of signing whichever is the later)

Registration Fee Resident 5€ Non resident 10€

Received

Print Name

Signature

Dated