A coat of arms with horses and a sailboat

Description automatically generated<https://www.barrytownunitedwalkingfootball.com/>

Complete this form to apply to become a member of Barry Town United Walking Football.

This form is at <https://www.barrytownunitedwalkingfootball.com/becomingaclubmember>

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Address |  |
| Town/City |  |
| County |  |
| Post Code |  |
| Home Tel no. |  |
| Mobile Phone no. |  |
| Email |  |
| Emergency contact name |  |
| Emergency contact Tel no. |  |
| Medical conditions/Allergies |  |
| Medication names |  |

|  |  |
| --- | --- |
| I want to play for Barry Town United Walking Football in Walking Football Leagues & Competitions | Yes/No  (delete as appropriate) |
| Team Shirt Size (choose 1 size larger than normal) | 4XL 3XL 2XL XL L M S  (delete as appropriate) |
| Team Shorts Size (choose actual size) | 4XL 3XL 2XL XL L M S  (delete as appropriate) |

|  |  |
| --- | --- |
| I have read, understand and will abide by the Barry Town United Walking Football Code of Conduct at <https://www.barrytownunitedwalkingfootball.com/codeofconduct> | Yes/No  (delete as appropriate) |

I declare that the above information is true and complete, and I give Barry Town United Walking Football permission to use this information for the following purposes:

* To contact my emergency contact in an emergency.
* To pass medical information to emergency services in an emergency.
* To register me to play in Walking Football Leagues and Competitions (if yes above)
* To provide me with training and team kit.

Barry Town United Walking Football will store this information securely and use it only for the purposes declared above and will not pass the above information to a third party other than for the purposes stated above.

NOW SIGN AND DATE THIS FORM AND SEND IT TO [duffersunited@virginmedia.com](mailto:duffersunited@virginmedia.com)

|  |  |
| --- | --- |
| Signed: | Date: |