

Walking Football - Manual Registration Form

(Please fill out all the following required fields)

1. Contact Details

i. Contact Details	
First Name	
Last Name	
Email Address	
Date of Birth	
Gender	
Country of Birth	
Nationality	
Language Spoken at Home	
Home Phone Number	
Mobile Number	
Address (Suburb and Postcode)	
Please indicate which Walking Footb	all Centre you will participate at:
2. Emergency Contact Details	
Emergency Contact Name	
Emergency Contact Number	
Emergency Contact Email	
3. Other Personal Information	
Do you identify as an Aboriginal or Torres Strait Islander origin?	Yes / No
Do you classify yourself as inactive? (doing less than 30 minutes of physical activity daily)	Yes / No

Please Indicate if you have a disability None Prefer not to say Autism Spectrum Disorder Intellectual Disability Intellectual Disability			
Prefer not to say Autism Spectrum Disorder Intellectual Disability —			
Intellectual Disability —			
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Physical Disability			
Learning Disability			
Deaf or Hearing Impairment			
Blind or Vision Impairment			
Cerebral Palsy			
Acquired Brain Injury or Stroke			
Wheelchair User			
Not Listed □			
Which Hyundai A-League and/or Adelaide United ☐ Brisbane Roar ☐			
W-League Club do you support? Canberra United ☐ Central Coast Marine	rs 🗌		
Melbourne City ☐ Melbourne Victory ☐	J		
Newcastle Jets ☐ Perth Glory ☐			
Sydney FC Wellington Phoenix	ם		
Western Sydney Wanderers ☐ Western United ☐			
I do not support and A-league or W-league club			
Consent to agree to Terms and Conditions			
Do you consent for us to register you through the National PlayFootball registration platform?			
Yes No D			