

## Uxbridge Amblers Walking Football Club - DISCLAIMER & MEDICAL FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Are you a qualified first aider: \_\_\_\_\_

Health Questionnaire and Informed Consent		
Do you have or have you previously had any of the following?		
Medical History	Please indicate - Yes or No	Please give full details of any 'Yes' answers
Skin Conditions		
Known Allergies		
Cardio vascular conditions (High blood pressure, angina, phlebitis, narrow blood vessels)		
Cancer or Tumours		
Diabetes		
Migraines		
Thrombosis		
Bleeding Disorders		
Other Medical conditions		
Are you currently taking any medication?		
Is there anything else you feel the club should know?		

### Informed Consent

If at any point during the sessions I am uncomfortable or uneasy and/or if I experience pain, I understand it is my responsibility to immediately inform a club representative. I also understand that I am participating at my own risk and free will.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE THAT THIS FORM WILL BE AVAILABLE PITCHSIDE FOR COMMITTEE MEMBERS/FIRST ADDERS TO VIEW IN CASE OF AN EMERGENCY