MIDDLESEX FA WALKING FOOTBALL FESTIVAL

MEDICAL FORM

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| **NO PERSON WILL BE ALLOWED TO PARTICIPATE AT THE EVENT WITHOUT A SIGNED & COMPLETED MEDICAL FORM**PLEASE COMPLETE IN BLOCK CAPITAL LETTERS |
| **FIRST NAME:** | **LAST NAME:** |
| **D.O.B.:** | **MALE** |  | **FEMALE** |  |
| **HOME ADDRESS:** |
|  | **POSTCODE:** |
| **CONTACT TELEPHONE NUMBER:** |
| **DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?** | **YES** |  | **NO** |  |
| **IF YES, WHAT IS THE NATURE OF THE IMPAIRMENT?** | **PHYSICAL** |  | **LEARNING** |  |
| **HEARING** |  | **VISUAL** |  |
| **CURRENT STATUS** (Please Circle): | **FIT** | **UNSURE** | **ILL/INJURED** |
| **MEDICAL INFORMATION** (Medication/allergies etc.): |
|  |
| **EMERGANCY CONTACT NAME:** |
| **EMERGANCY CONTACT NUMBER:** |
| I can confirm that I understand the above and that the information I have provided on this form is correct to the very best of my knowledge.I can confirm that I am well & healthy to partake in physical exercise and understand that it is my responsibility to seek the advice and approval of my doctor before undertaking regular exercise. |
| **SIGNATURE:** | **DATE:** |