BEDFORD
WALKING FOOTBALL CLUB

Registration & Medical Form

Players will not be allowed to participate at any event without a signed & completed Registration & Medical Form. Please complete in Block Capitals.

PLEASE CHECK WITH YOUR DOCTOR IF YOU HAVE ANY SERIOUS MEDICAL CONDITION BEFORE PLAYING. FAILURE TO DO SO MAY RESULT IN ANY INSURANCE BEING INVALID

Full name:		DoB:
Address:		
		Postcode:
Contact No:	email:	
Emergency contact name:		
Emergency contact number:		
Do you consider yourself having a disability:	YES ☐	NO ☐
If yes, please qualify and let us know any special provision required:		
Medical info: Medication/condition – please include any allergies, drug allergies. If taking regular medication please also list here with name, dose level and quantity		
Doctor's name:		
Surgery address:		
	Phone:	

Signed:	Date:

All players take part at their own risk. Please check with your doctor if you have any serious medical condition before playing.
Failure to do so may result in any insurance being invalid. We carry both public liability and accidental insurance through the F.A. Bedford Walking Football Club take no responsibility for any injury sustained when playing in their sessions or events.
Bedford Walking Football Club take no responsibility for loss, damage or theft to any personal possessions.