

STAMFORD AFC STROLLERS

WALKING FOOTBALL - PLAYER REGISTRATION FORM

Player Name:	
Date of Birth:	
Address:	
Town & Postcode:	
Telephone:	
Email address:	

Emergency contact:

Name:

Telephone:

Health screening:

For most people, physical activity does not pose a hazard. The questions below have been designed to identify the small number of people who should seek medical advice before playing WALKING FOOTBALL.

	Yes	No
Has your doctor ever said you have a heart condition?		
Do you feel pain in your chest when you do physical activity?		
Do you ever lose balance because of dizziness or ever lose consciousness?		
Have you had pain in your chest when you were NOT doing physical activity?		
Do you suffer from asthma?		
Are you diabetic? (if yes please indicate type and additional info below)		
Do you have any other conditions that may affect or limit your participation in a walking football session? If yes, please explain further below:		

I understand that if I have answered yes to any of the above health screening questions, I must seek medical advice before attending a Walking Football session. I will tell the Walking Football Activator of any changes to my medical condition. I understand that I play at my own risk.

On occasion at Stamford Stroller events and sessions, images will be captured for marketing and website use. By signing this registration form you agree to the use of these images.

Please send a copy of your picture ID and date of birth to taff@lovesey.net (i.e. passport or driving license)

I agree to abide by the club rules and the Stamford Strollers code of conduct

SIGNED: _____

DATE: _____