

# Walking Football Bedford

## Registration & Medical Form



**No person will be allowed to participate at any event without a signed & completed Registration & Medical Form for that particular event. (Please complete in Block Capitals)**

<b>Full Name</b>		<b>DoB</b>		
<b>Address</b>		<b>Postcode</b>		
<b>Contact No's</b>		<b>Email Address</b>		
<b>Emergency Contact Details</b>				
<b>Do you consider yourself to have a disability? (Please check)</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
<b>Nature of any impairment (Please check)</b>	<b>Physical</b> <input type="checkbox"/>	<b>Visual</b> <input type="checkbox"/>	<b>Learning</b> <input type="checkbox"/>	<b>Hearing</b> <input type="checkbox"/>
<b>Medical information</b> (Medication/condition – please include any allergies including any drug allergies. If taking regular medication please also list here with name, dose level and quantity)				
<b>Doctor Name</b>		<b>Surgery Address</b>		
<b>Contact No's:</b>				
<b>Signed:</b>		<b>Date:</b>		

**ALL PLAYERS TAKE PART AT THEIR OWN RISK. IT IS THE RESPONSIBILITY OF EACH PLAYER TO ARRANGE EITHER THEIR OWN INSURANCE COVER OR A TEAM'S INSURANCE COVER THAT WILL COVER THEM FOR INJURY. WALKING FOOTBALL LEAGUES TAKE NO RESPONSIBILITY FOR ANY INJURY SUSTAINED WHEN PLAYING IN THEIR SESSIONS OR EVENTS.**

**WALKING FOOTBALL LEAGUES TAKE NO RESPONSIBILITY FOR LOSS, DAMAGE OR THEFT TO ANY PERSONAL POSSESSIONS.**

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