



# Ultra Elite Youth Football Club

## Membership and Medical Form

*Access to this sheet is limited to the Club Manager, Welfare Officer, Medical Staff, and age specific coaches*

**Note:**

To be included with this registration form:-  
 2 x passport size photos signed on rear by player,  
 and copy of an official document as proof of Date of Birth.  
 (i.e. passport or birth certificate)

**PLEASE COMPLETE FORM IN  
 BLOCK CAPITALS**

**Thank-you!**

**Full Name of Player** \_\_\_\_\_

**Preferred name (if different from above)** \_\_\_\_\_

**Player Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **Post code** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Parent / Guardian 1** \_\_\_\_\_ **Mobile Tel** \_\_\_\_\_

**Parent / Guardian 2** \_\_\_\_\_ **Mobile Tel** \_\_\_\_\_

**Parent / Guardian 3** \_\_\_\_\_ **Mobile Tel** \_\_\_\_\_

(All three need to be completed)

**Position Played by Player:** Goalkeeper  Defender  Midfield  Forward  No preference

**School** \_\_\_\_\_ **School Year** \_\_\_\_\_

**Address (if Known)** \_\_\_\_\_  
 \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_

**Surgery Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **Post code** \_\_\_\_\_

**Telephone** \_\_\_\_\_

# Players Medical Details

Do you suffer from any of the following? *If yes, please list all prescribed medication*

	YES	NO	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Severe headaches or migraine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nosebleed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies to any known drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Family history of heart problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other illness or ailment not named above (if yes please give details)	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are you currently receiving treatment? (if yes please give details)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever suffered concussion?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you had a Tetanus vaccination in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	Date if Known: _____
Do you wear contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you known to Social Services	<input type="checkbox"/>	<input type="checkbox"/>	(This is a question asked if your child has to attend A&E with a Coach)

Do you have any current injury concerns? <i>If yes, please give details</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<i>Past Injury History</i>
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<i>Previous Significant Illnesses</i>
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<i>Operations</i>
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<i>Relevant Family History</i>
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**Emergency Contact** *please provide an alternative contact to those listed overleaf*

**Name** \_\_\_\_\_  
**Relationship to player** \_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**Alternative number** \_\_\_\_\_

**Permission for medical care**

I the undersigned, hereby give permission for my daughter/son to receive medical treatment whilst in the care of Ultra Elite FC staff.

NB: every effort will be made to contact the parent/guardian in the event of an emergency but should it be necessary, staff will deal with any medical matter that arises unless told otherwise.

**Signed** \_\_\_\_\_ Parent/Guardian  
**Print Name** \_\_\_\_\_ Parent/Guardian  
**Date** \_\_\_\_\_