



Bubblekickz Pre- Event; Exercise Health Screening & Disclaimer:

We; Bubblekickz , require that participants fill this form before participation.

To assist our Staff occur please fill out this form before your initial participation in Bubblekickz Football -Event. We ask that you complete the question to the best of your knowledge.

Please enter your details here so we have records of participants and their Next of kindred/Family.

NAME: _____ Date of Birth: _____ : _____ :

Contact Mobile: _____

Emergency Contact /Family Next of Kin: Name: _____

Home Tel / Mobile Telephone: _____

We will to advise you however, **participation In our Event is your own choice and own Risk.**

Do you suffer from any of the following? Circle as appropriate.

Ladies/Girls:

Are you pregnant? Yes / No / Unsure*. Have you been pregnant within the last 6 months? Yes / No.

All participants:

Angina or known breathing difficulties. Yes / No.	Asthma: Yes / No. If yes, have you got your ventilator/spray with you in your possession today: Yes / No.	Blood circulation problems: Yes/No
Back Problems: Yes / No	Chest Pains: Yes / No.	Diabetes Yes /No
Dizzy Spells or Fainting: Yes/No	Epilepsy or Fits: Yes / No .	High Blood Pressure Yes / No.
Joint Problems: Yes /No. (e.g sprains or strains on ankles and or knees or any other joints).	Have you recently had an operation or illness? Yes / No	

If yes to any of the above, please expand briefly: _____

Are you taking any current medication? Prescribed by Doctor; Yes / No

Details of medication (from the packet-Trade name): _____

The ailment the medication is for: _____

Has your Doctor ever said that you have a heart condition? Yes / No. If Yes, to the Q, you are not Permitted to participate.

Do you suffer from Claustrophobia [the fear of enclosed, small confined spaces and/or areas] Yes/No.

Is there any other reason why you should not participate in physical activity? Yes/ No

Do you have any other known Injuries or problems that might restrict your participation in an exercise

programme, or The Event today? Yes / No. Write any response here: _____

Disclaimer Terms and Conditions:

1. We will compensate you for any loss or damage you may suffer if we fail to carry out our obligations under this agreement or to a reasonable standard or breach any duties imposed on us by law (including if we cause the death or personal injury to you by our negligence) unless that failure is attributable to: (i) your own fault; (ii) a third party unconnected with our provision of services under this agreement; or (iii) events which neither we nor our suppliers could have foreseen or forestalled even if we had taken all reasonable care'
2. Every participant in an Event(s), by their signature hereto warrants that to the best of their knowledge and belief they are suffering from no physical disability or illness whether or not such disability or illness is or may be affected by exercise of whatever degree, and further warrants to advise the Instructors if, after becoming a member they such suffer from such disability or illness and every applicant by their signature agrees to indemnify the Instructors/Staff in respect of any disability or illness suffered.
3. By participating in a Bubblekickz Football Event, every participant agrees to abide by our rules and regulations and understands the management reserves the right to refuse entry/participation should these be contravened.
4. Appropriate clothing is required at all times during sessions.
5. We will do our best to advise you however, participation In our Event is your own choice and risk.
6. Bubblekickz Football respects your privacy. All personal details are treated as confidential and we will not share or redistribute your information with any third party.

Name (Signature / PRINT): _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the information provided.

PRINT NAME: _____ DATE: _____

SIGNED: _____ (Parent/Guardian Signature)

Emergency Phone Number: _____

Email Address _____