

COMMUNITY TOUCH REGISTRATION & HEALTH SCREEN – PLEASE COMPLETE AND SEND TO
TOUCH@WYMONDHAMRFC.COM

First Name:	
Surname:	
DOB:	
Address:	
Post Code:	
Email:	
Tel No:	
Emergency Contact name	
Relationship to player	
Mobile number:	

Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?*	
Do you feel pain in your chest when you do physical activity?*	
In the past month, have you had a chest pain when you were not doing physical	

activity?*	
Do you lose balance because of dizziness or do you ever lose consciousness?*	
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?*	
Is your doctor currently prescribing medication for your blood pressure or heart condition?*	
Have you visited your GP in the last 6 months?*	
Are you currently carrying any injuries we need to be aware of?*	

If you've answered Yes to any of the above please give us more detail below*

Any questions? Andy Verney on 07971 130834