



G E S A P L A Y E R M E D I C A L F O R M

STUDENT / PLAYER DETAILS

Surname	
Given name/s	
1. Emergency Contact	
1. Emergency Contact No:	
2. Emergency Contact	
2. Emergency Contact No:	

Please circle where appropriate

1. Do you suffer from any of the following:					
Asthma	Yes	No	Diabetes	Yes	No
Allergies	Yes	No	Migraine Head Aches	Yes	No
Epilepsy	Yes	No			
Other:					
2. Do you take any medication regularly or for emergency use? If YES please provide details					
3. Do you wear an oral insert (dentures, braces etc)?				Yes	No
4. Do you wear contact lenses?				Yes	No
5. Have you suffered any major illness or injury in the last 12 months? If YES, please provide details.					
6. Are there any goods/drinks that you MUST NOT have? If so, please provide details.					

For ALL Students/Players under the age of 18.

Terms and Conditions: The terms and conditions stated herein will automatically be carried over to your new sessions without the need for a new agreement to be signed and dated. **Liability:** I accept that participating in exercise has a risk of causing injury, both minor and potentially major. **Exclusion of Liability:** To the extent permitted by law and while all reasonable care is taken, GESA Personal coaching and its Representatives cannot be held responsible and excludes all liability however arising (including liability for negligence and the negligence of others) for direct, indirect or consequential loss, damage, injury, cost and expenses arising out of or connected with my participation in this activity.

I/We.....

Being the parent/guardian of

hereby agree to ALL Terms and Conditions as stated above and authorize the officials of GESA (Gareth Edds Soccer Academy), in my absence and in the event of a medical emergency, to obtain medical treatment for my son/daughter by a legally qualified medical practitioner.

Parent/Guardian Name

Parent/Guardian Signature

Date:.....