

Air Football Membership Form



Private & Confidential

In order to participate fully in Air Football please complete the following form in full. It is completely confidential and private and is used by Air Football only to make sure your time with us is safe and enjoyable.

Please complete this form in Block capitals and Black ink

PERSONAL DETAILS

Name :		Date of Birth:	
Address:		Post Code:	
		Gender:	
Telephone:	Day:		Mobile:
Email:			

EMERGENCY DETAILS

Emergency Contact:		Relationship:	
Address:			
Telephone:	Day:		Mobile:

MEDICAL INFORMATION

Doctors Name:	
Surgery Address:	
Telephone:	

Have you consulted a doctor or health professional regarding participating in Air Football **Yes** **No**

Do you suffer from any conditions requiring medical treatment or medication? **Yes** **No**

Do you suffer from any allergies, e.g. medication or food? **Yes** **No**

If yes to any of the above please give details below

By signing this disclaimer, you agree that you are participating at your own risk in a physical sports activity and are aware of the potential health risks involved in doing so. If you are unsure, please speak to the Project Co-ordinator before participating in AIR Football.

I confirm that I am fully aware of the potential risks to health involved in participating in a sports based activity and confirm that I participate at my own risk. I also confirm that I believe myself to be in good health and thus able to participate in mild exercise activity.

Signed: _____ Date: _____

Air Football Monitoring Form



Please take a moment to fill out the following form as fully as you feel comfortable with – all information is strictly confidential and private. The information is only used for monitoring purposes and is not shared with other groups.

Referral Source:

Drug & Alcohol Services Mental Health Services Probation Self / Friend

Other if other please specify

Key Worker Name: Key Worker Contact:

Key Worker Role: Drugs Worker Mental Health Worker Probation Officer Other

Employment Status:

Employed Full time Employed Part time Self Employed Carer

Unemployed Disability Benefit Student: Full time Student: Part time

Accommodation:

Renting Owner Temporary Accommodation Supported Tenancy

Hostel Homeless Sharing with Parents

Ethnicity:

White - British White - Irish Black – African Black – Caribbean Black – Other

Black - British Pakistani Bangladeshi Chinese Indian

Mixed race Other please state

Disability:

Do you consider yourself to have a disability Yes No

If yes please specify

Achievement

What do you hope to achieve by attending Air Football?

Get Fit Access Gym Learn new skills Help returning to work

Make Friends Keep out of Trouble Access Courses Get a Routine

Information Improve Confidence Healthy Lifestyle Help recovery

Your Needs:

Please let us know any information, issues or concerns that would help us to support you at AIR Football



Tel: 07962374021

Email: airfootball@hotmail.co.uk Web: www.airfootball.co.uk

Programme Referral Form

Player Name :			Date of Birth:	
Address:			Post Code:	
			Gender:	
Telephone:	Day:			Mobile:
Email:				

GP Name:				
Address:				
Postcode:				
Telephone Number:				

Referral Agency:				
Key Worker name:				
Address:				
Postcode:				
Telephone Number:				

Reason for Referral:			
Is the player directly or indirectly affected by substance use:			
Details of any special needs / risk factors to self or others / any other relevant information			