

ME & MY COACH – Client Registration , Personal Profile, Health & Fitness Check & Booking Form



Personal Details

Name:-

Male [] **Female** []

Age:-

Date of Birth (dd/mm/yy):-

Height in Feet and Inches:-

Weight in Stones and Pounds:-

Boot/Shoe Size:-



Address Information

House / Flat Number:-

Address 1:-

Address 2:-

Town or City:-

County:-

Postcode:-



Contact Details

Home:-

Work:-

Mobile:-

Emergency Contact Name and #-:



Email Address

Main Email Address:-

Work Email Address:-



Player Profile

As a player please describe your strengths: (200 words or Less)

>>> (example) I pass the ball well, I have scored 15 goals already this season.....

As a player describe your weaknesses: (200 words or Less)

>>> (example) I get knocked off the ball easily, I cant cross the ball very well.....

Your Preferred Position:-	Goalkeeper [<input type="checkbox"/>]	Defence [<input type="checkbox"/>]	Midfield [<input type="checkbox"/>]	Attack [<input type="checkbox"/>]	No Preference [<input type="checkbox"/>]
Position you Dislike:-	Goalkeeper [<input type="checkbox"/>]	Defence [<input type="checkbox"/>]	Midfield [<input type="checkbox"/>]	Attack [<input type="checkbox"/>]	No Preference [<input type="checkbox"/>]

Technical Breakdown
To assist our coaches in their preparation and for you to better understand your game , please rate your proficiency in each of the following areas which are applicable to you:
Please tick the appropriate boxes [✓]

Technical Area	N/A	V. Poor	Poor	Average	Good	Very Good	Excellent
1st Touch / Control – with your Feet							
1st Touch / Control – with your Thigh							
1st Touch / Control – with your Chest							
1st Touch / Control – with your Head							
Passing – Short							
Passing – Long							
Passing - 1st Time							
Running with the Ball							
Dribbling							
Turning with the Ball							
Shielding the Ball							
Tackling – Block							
Tackling – Sliding							
Heading – Defensive							
Heading – Attacking							
Heading – To Pass							
Shooting – Facing Goal							
Shooting – Back to Goal							
Shooting – Volleys							
Taking Penalties							
Taking Throw In's							
Taking Direct Free Kicks							
Taking Corners							
If a Goalkeeper.....							
Diving – To the Left							
Diving – To the Right							
Taking High Balls							
Distribution – Goal Kicks							
Distribution – Punting							
Distribution – Hands							
Positioning							
Closing Down Angles							
Communication							

Playing Experience – Please list below your current club and the league in which they play

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Health and Fitness Check

Have you ever suffered with the following?

Please tick the appropriate box [✓]

Condition	YES	NO
High Blood Pressure?		
Pain / Tightness in Chest?		
Any Heart / Stroke Condition?		
Diabetes?		
Epilepsy?		

Do you have or have you experienced?

Please tick the appropriate box [✓]

Condition	YES	NO
Any family history of heart disease, stroke or raised cholesterol in relatives under 65?		
Breathing difficulty or asthma?		
Hernia?		
Arthritis?		
Back pain?		
Have you been hospitalised in the last 6 weeks?		
If so, please state why		
Are you on medication in relation to physical activity?		
If so, please describe		
Do you know through your own experience or by the advice of a doctor of any other physical reason why should not participate without medical supervision?		
Any other conditions? ie: Pregnancy		
If so, please describe		

How would you describe your current physical condition?

Please tick the appropriate boxes [✓]

Overweight	Unfit	Healthy	Fit

I confirm I understand the above questionnaire and to my knowledge the information is correct. Whilst I understand that all care will be taken for my safety by representatives of MAMC, I participate at my own risk.

Signed:- _____ Date dd/mm/yy :- _____

or

Signed by Parent / Guardian if Client is 16 or Under:- _____



Booking and Payment Form

Please select the appropriate service from the list below by ticking the appropriate box [✓]

MAMC Assessment	Match Analysis	Development Programme	Coaching Clinic	Positional Workshop	Coach Ed & Consultancy
£35	£35	£275	£35	£15	£50

Please select the date, time and locations of your specific service(s)

Session 1	Date	Session 2	Date

Session 3	Date	Session 4	Date

Session 5	Date	Session 6	Date

Financial Details - Please Complete all information in full and tick all boxes as appropriate [✓]

Payment Method	Credit Card		Debit Card	
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Card Type						
Visa	Mastercard	Amex	Switch	Solo	Delta	Diners

Billing Address if different from above

House / Flat Number:-

Address 1:-

Address 2:-

Town or City:-

County:-

Postcode:-

Card No	_____	_____	_____	_____	Start Date	__ / __	Exp Date	__ / __
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Issue No	_____	Security Code***	_____
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*** This is a unique number printed on your card. On most UK cards this is the last three digits of the number printed on the signature strip on the back of the card.

Total to Debit or Credit	£.	A 1.5% charge will be added if using a Credit Card
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By sending my payment details I confirm my acceptance of the Me & My Coach Terms & Conditions . I authorise Me & My Coach to Debit or Credit the card detailed above for the amount given. I give Me & My Coach permission to securely hold my card details in reserve for use at a future date. (Card Details removed from Me & My Coach records after 90 days if not used before)

Signed:- _____ Date dd/mm/yy :- _____