

**ME & MY COACH – Client Registration , Player Profile, Health & Fitness Check & Payment 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.....

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

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

**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 ME & MY COACH, I participate at my own risk.**

**Signed:- \_\_\_\_\_ Date dd/mm/yy :- \_\_\_\_\_**

**or**

**Signed by Parent / Guardian if Client is 16 or Under:- \_\_\_\_\_**



## 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	£295	£40	£20	£50

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

1 Date	2 Date
Time	Time
Location	Location
Comments	Comments

3 Date	4 Date
Time	Time
Location	Location
Comments	Comments

5 Date	6 Date
Time	Time
Location	Location
Comments	Comments

**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

<b>Billing address if different from above</b>	<p>Please return completed registration forms by Email to <a href="mailto:registration@meandmycoach.co.uk">registration@meandmycoach.co.uk</a> OR by post to <b>ME &amp; MY COACH</b> Surrey House, 34 Eden Street Kingston-Upon-Thames, Surrey. KT1 1ER</p>
House / Flat Number:-	
Address 1:-	
Address 2:-	
Town or City:-	
Country:-	
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 to your total if using a Credit Card
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<p>By sending my payment details I confirm my acceptance of the ME &amp; MY COACH Terms &amp; Conditions . I authorise ME &amp; MY COACH to Debit or Credit the card detailed above for the amount given. I give ME &amp; MY COACH permission to securely hold my card details in reserve for use at a future date. (Card Details removed from ME &amp; MY COACH records after 90 days if not used before)</p> <p>Signed:- _____ Date dd/mm/yy :- _____</p>
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