





## Player Medical History

Player's Details:	-	
Name:	Date of Birth:	M / F
Address:		
Phone:	Email Address:	
Mobile:	Age Group:	_
Medical History:		
History of Allergies:		
Sport Related Injuries:		
Other Injuries:		
Note: Totanus immunization mu	ust be up to date	
Note: Tetanus immunization mu  Contact lenses: Yes		
Dietary Requirements:	, 140	
I do / do not give consent for	to be tre	eated medically in
case of injury or accident.		
Signature of Parent/Guardian:	Dat	e:

Tele: 09 443-3854 Fax: 09 443-3298 E mail: office@harbourbasketball.co.nz www.harbourbasketball.co.nz