



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: Tetanus immunization must be up to date.

Contact lenses: Yes / No

Dietary Requirements:

I do / do not give consent for _____ to be treated medically in case of injury or accident.

Signature of Parent/Guardian: _____ Date: _____