



<b>Medical History (to be completed by parent/guardian)</b>	
What is the player's disability?	
Date of onset?	Do they have normal sensation to touch/pain?



## Junior Player Registration and Medical Form

Please explain any medical issues due to their disability	
Do they have any allergies?	Please list medications taken.
Conditions (asthma, diabetes, epilepsy, anemia, hemophilia, etc.)	Medications (tablets, inhalers, creams, supplements, etc. – list drug names)
Any Catheters/Stomas?	Is there anything else you feel we should know about?
<b>Health and Fitness Assessment</b>	
What other sports and physical activities do they participate in?	



## Junior Player Registration and Medical Form

How many hours per week do they train?	
Have they played wheelchair rugby before?	
If yes, where and for how long?	

Please check all that applies to the player	
Fainting symptoms	Heart palpitations
Dizzy spells	Chest pain or tightness
History of high blood pressure	Diabetes
History of low blood pressure	Do you smoke cigarettes? How much?
Do you have any problems with panic attacks or anxiety attacks?	Any skin irritations?
Do you suffer from breathlessness or get tired more easily than teammates?	Do you have any digestion problems?
Risk of dehydration?	Anything else which you feel we would need to know about?

Does the player carry any emergency medications with them? Such as EpiPen's, Tablets or Inhalers? If so, please can you list these.



### Additional Notes and Comments

**Insurance Needs to be Applied for with GBWR - GBWR NUMBER:**

<b>Signatures</b>	
Date of profile completion	
Parent/Guardian name	
Parent/Guardian signature	
Club member name	
Club member signature	

**Important Note: Please keep us up to date with any medical changes or any accidents you have**