

Appendix 2 – Registration and Medical Form

NAME _____

ADDRESS _____

TELEPHONE _____

E.MAIL _____

CLUB _____

DATE OF BIRTH ____ / ____ / ____ **AGE** _____

MEDICAL INS. NUMBER _____ **GENDER** Male Female

Are you currently on any kind of medication (including antibiotics, allergy drugs, asthma medication, etc.)?
YES _____ NO _____ If YES, please specify :

Are you allergic to anything: YES _____ NO _____
If YES, please specify:

Do you have any special dietary requirements relating to allergies, intolerance, vegetarianism, etc.
YES _____ NO _____ If YES, please explain here.

Date of last tetanus shot: _____

Do you have any heart, lung, muscle or joint problems: YES _____ NO _____
If YES, please list the type and severity:

Do you have any current/chronic injuries/illnesses: YES _____ NO _____
If YES, please list the type and duration:

In case of medical emergency, I understand that every reasonable effort will be made to contact myself. In the event that I cannot be contacted, I hereby give permission to all organization personnel to act in my name and to secure proper medical treatment for my child.

Date _____ name (print) _____
telephone _____ signature _____