

PLAYER INFORMATION



This information will be treated in the strictest confidence and only shared with members of staff at London United Basketball Club.

Player Name:	
Date of Birth:	
Player Contact:	

Parent / Guardian:	
Parent / Guardian Emergency Contact:	
Parent / Guardian email:	

Health Questions

Does your child have or has he or she ever experienced any of the following? (Please circle response)

1. High or Low Blood Pressure Y / N
2. Elevated blood cholesterol or Diabetes Y / N
3. Chest pains brought on by physical exertion Y / N
4. Childhood epilepsy Y / N
5. Dizziness or fainting Y / N
6. Any bone, joint or muscular problems with arthritis Y / N
7. Asthma or respiratory Problems Y / N
8. Any sustained injuries or illness Y / N
9. Any allergies Y / N
10. Is your child taking any medication Y / N
11. Has your doctor ever advised your child to exercise Y / N
12. Is there any reason not mentioned above why any type or physical activity may not be suitable for your child Y / N

If you have answered 'YES' to any of the above questions or feel that there is any information that our coaches should be aware of please give full details here:

In signing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge. I understand that my child is responsible for monitoring him or herself throughout any activity, and should any unusual symptoms occur, my child understands the importance of informing the coach immediately. I give permission for my child to take part in activities organised by London United Basketball Club. I understand that if my child fails to behave in a manner that is polite and social, he or she could be suspended from that activity.

Parent/guardian's signature: _____ Date: _____

Please Print Name: _____