



Athlete Information

Athlete name _____

Varsity Novice Modified Date of birth _____ Age _____ Male Female

Emergency Contact Information

Name _____ Phone _____

Name _____ Phone _____

Food Information

Food Allergies Yes No Special diet gluten-free vegan vegetarian lactose-free

General Health Questions

Are you taking any medications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have asthma?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, do you use an inhaler?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you bring the inhaler to practices or regattas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have an ongoing or chronic illness other than asthma?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you experienced chest pain during or after exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have numbness or tingling in your arms, legs, hands, or feet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you use any protective or corrective equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date of last physical exam	DATE:	
Since your last physical:		
Have you had any serious injury?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been hospitalized overnight?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any broken bones, strains, sprains, or joint pain?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had a head injury or concussion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any seizures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have new or worsening headaches?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any of the following?	<input type="checkbox"/> lightheadedness	<input type="checkbox"/> dizziness <input type="checkbox"/> fainting

I understand it is my full responsibility as parent/guardian to advise the coaching staff in writing of any changes or concerns in my child's health status prior to and throughout the entire season.

Athlete signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____