



M&J Medical Declaration Form

Season: 2018 / 2019

Please complete this form for each player in BLACK INK			
Name of Player:			
Date of Birth:	Age on 31/08/18:	Age Group:	Gender:
Address:		Contact Tel (of Parent/Guardian):	
		Contact Email (of Parent/Guardian):	
Emergency Contact Details			
Parent/Guardian Name:		Tel:	
Alternative Emergency Contact Name:		Tel:	
Medical and Health Questions			
Name, Address and Telephone number of family Doctor:			
Does he/she suffer from any of the following? <i>Please tick (✓) Yes or No to all questions</i>			
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visual impairments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Migraine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing impairments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fits / epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Learning difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fainting / dizzy turns	Yes <input type="checkbox"/> No <input type="checkbox"/>	Behavioural / emotional difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/>
Palpitations / chest pains	Yes <input type="checkbox"/> No <input type="checkbox"/>	Physical difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Joint / muscle problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES to any of the above please give details:			
Is he/she receiving any medical treatment at present?		If YES, please give brief details:	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please Provide any other information you feel a Coach or Official should be aware of:			

Health and Fitness Assessment	
In which other sports / physical activities is the player involved?	
How many hours per week do they train?	
Have they played Rugby before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, where and for how many seasons?	

Ethnicity Category Information Please tick (√) one option below			
Asian or Asian British – Bangladeshi		Mixed – White and Asian	
Asian or Asian British – Indian		Mixed – White and Black African	
Asian or British – Pakistani		Mixed – White and Black Caribbean	
Asian or British – any other Asian background		Mixed – any other mixed background	
Black or Black British – African		White – British	
Black or Black British – Caribbean		White – Irish	
Black or Black British – any other Black background		White – any other white background	
		Any other	
Chinese		Not known or not stated	

Membership Agreement

I wish for my son/daughter _____ (NAME IN BLOCK CAPITALS) to become a member of the Kenilworth Rugby Football Club Mini and Junior section (KRFC). I agree to him/her taking part in any and all of the activities that are arranged by the club. I understand that, while the club, coaches and officials will take all reasonable care of the young people, they cannot and will not be held responsible for any loss, damage or injury how-so-ever caused or suffered to or by my son/daughter/ward during a club session, match or activity which includes the loss or damage to kit and equipment.

It is recommended that all parents and players (where age appropriate) make themselves aware of the RFU guidelines on concussion which can be viewed and completed online via:
<http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>

I _____ (PARENT/GUARDIAN NAME IN BLOCK CAPITALS) give consent for the medical examination of my son/daughter when necessary whilst he/she is participating in club activities and events, and I request that any operation or any measures considered necessary by a medical authority for his/her diagnosis and treatment shall be performed. In addition, I hereby give my permission for such an operation or other measures to be carried out in an emergency only and for the administration of a general or local anaesthetic if necessary.

My son/daughter may be photographed whilst taking part in club activities; training, matches and club orientated events. I hereby grant Kenilworth Rugby Football Club permission to use the photographic material and any other reproductions or adaptations of the photographs for the publicity and marketing of the club. I understand that Kenilworth Rugby Football Club may submit photographs for appropriate books, newspapers, and/or magazine articles without prior consent being obtained from parents/guardians. This permission granted will not interfere with any rights of the individual or contravene the Data Protection Act of 1998.

PARENT / GUARDIAN NAME (PRINT CLEARLY) _____ PARENT / GUARDIAN SIGNATURE _____ DATE _____
