

Return this form, the acceptance form, and the acknowledgement form to me by the due date.
Keep the rest of the information for future reference.

MEDICAL HISTORY FORM

The All-Star and Parent/Guardian must complete this Medical History form in order for the All-Star to participate in any activities. These questions are designed to determine if the All-Star has developed any conditions, which would make it hazardous to participate in any athletic event.

1. During the past 12 months:

A. Was he/she hospitalized? YES NO

B. Did he/she have any injuries requiring medical attention? YES NO

C. Did he/she have any illness lasting more than one week? YES NO

2. Does he/she take medications regularly? YES NO

If YES, List:

3. Do you know of any reason why there should be limits in his/her participation in any sport? YES NO

4. Has he/she ever had a convulsion? YES NO

5. Has he/she ever had a concussion or been knocked unconscious? YES NO

6. Is he/she now under a doctor's care? YES NO

7. Is he/she missing any paired organ (eye, kidney, etc.?) YES NO

8. Is he/she allergic to any medication? YES NO

9. What year was last tetanus booster given?

Any Yes Answer to questions numbered 1, 4, 5, 6, or 7 requires a written release from a physician. If no release is obtained, the All-Star will be required to pass a physical exam (at their own expense) before being allowed to practice.

If, between this date and the beginning of All-Star practice, any illness or injury should occur that may limit this All-Star's participation, I agree to obtain a written release from a physician.

Date:

Signature of Parent/Guardian

Signature of All-Star