

# OLD CAMBERWELL GRAMMARIANS AMATEUR FOOTBALL CLUB INC.



## PLAYER DECLARATION, MEDICAL PROFILE & PERSONAL RECORD

The following Player Declaration, Medical Profile & Personal Record is to be filled in, signed and returned to your Coach as soon as possible. Every Player is required to provide a fully completed Record.

I have read the OCGFC TRUE BLUES Players Manual and fully understand my commitments and the commitment of the OCGFC TRUE BLUES for season 2010.

Player's Full Name: .....

Address: .....

.....

Home Phone: ..... Mobile: .....

Email: .....

Date of Birth: ..... Blood Group: .....

Do you object to blood transfusions?  Yes  No

Height: .....cms Weight: .....kgs

Parent's Name(s): .....

Parent's Address (if different than player's): .....

.....

Parent's Phone: ..... Parent's Mobile: .....

Parent's Email: .....

## EMERGENCY CONTACT

Contact Name: .....

Home Phone: ..... Mobile: .....

Relationship: .....

## HEALTH CARE DETAILS

Medicare Number: .....

Private Health Insurance?  Yes  No Fund Name: .....

Private Doctor: ..... Phone: .....

Address: .....

Can Doctor be contacted at all times?  Yes  No

Private Dentist: ..... Phone: .....

Address: .....

Can Dentist be contacted in an emergency?  Yes  No

## CURRENT HISTORY

Current medical problems: .....

Regular medications including supplements, stating name and dosage: .....

Allergies: .....

.....

Sports injuries (Please list any injury which is current/recurring or requires surgery): .....

.....

.....

## PAST HISTORY

Have you had....

Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma/Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concussion	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you wear....

Glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Lenses		
Soft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protective Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mouth Guard		
At training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In competition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, Please specify: .....

Have you sustained...      A fracture in last 3 years?       Yes       No

    If Yes, where? .....

   A dislocation?       Yes       No

    If Yes, where? .....

Do you suffer from...      Recurring pain in any joint  
   whilst playing or training?       Yes       No

    If Yes, which joint? .....

   Back/Neck pain?       Yes       No

Have you ever been treated for a head, neck or spinal injury?       Yes       No

Details: .....

.....

.....

Does this condition affect your performance?: .....

.....

.....

Any other comments?: .....

.....

.....

Are you interested in being part of any off-field sub-committees or operations of the Club?:

.....

.....

Any suggestions to make to the Club?: .....

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.....

**To the best of my knowledge, all information on this Player Declaration Form is correct.**

Signed: .....

Print Name: .....

Date: .....

***(to be witnessed by parent/guardian if under 18).***

Parent/Guardian Signature: .....

Print Name: .....