



Medical Details Form

Player's Name: _____ Age: _____ Sex: _____

This is a screening examination for participation in All Rugby Schools (ARS) Elite Development Programme (EDP). This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.

Player's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent's Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

1. Does the Player have any chronic medical illnesses (diabetes, asthma, exercise asthma, kidney problems, etc.)? List: Yes No Don't Know
2. Is the Player presently taking any medications or pills? Yes No Don't Know
3. Does the Player have any allergies (medicine, bees or other stinging insects, latex)? Yes No Don't Know
4. Does the Player have the sickle cell trait? Yes No Don't Know
5. Has the Player ever had a head injury, been knocked out, or had a concussion? Yes No Don't Know
6. Has the Player ever had a heat injury (heat stroke) or severe muscle cramps with activities? Yes No Don't Know
7. Has the Player ever passed out or nearly passed out DURING exercise, emotion or startle? Yes No Don't Know
8. Has the Player ever fainted or passed out AFTER exercise? Yes No Don't Know
9. Has the Player had extreme fatigue (been really tired) associated with exercise (different from other children)? Yes No Don't Know
10. Has the Player ever had trouble breathing during exercise, or a cough with exercise?

Yes No Don't Know

11. Has the Player ever been diagnosed with exercise-induced asthma? Yes No Don't Know

12. Has a doctor ever told the Player that they have high blood pressure? Yes No Don't Know

13. Has a doctor ever told the Player that they have a heart infection? Yes No Don't Know

14. Has a doctor ever ordered an EKG or other test for the Player's heart, or has the Player ever been told they have a murmur? Yes No Don't Know

15. Has the Player ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"? Yes No Don't Know

16. Has the Player ever had a seizure or been diagnosed with an unexplained seizure problem? Yes No Don't Know

17. Has the Player ever had a stinger, burner or pinched nerve? Yes No Don't Know

18. Has the Player ever had any problems with their eyes or vision? Yes No Don't Know

19. Has the Player ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other

injury of any bones or joints? Yes No Don't Know

Head Shoulder Thigh Neck Elbow Knee Chest Hip Forearm Shin/calf Back Wrist Ankle Hand Foot

20. Has the Player ever had an eating disorder, or do you have any concerns about your eating habits or weight? Yes No Don't Know

21. Has the Player ever been hospitalized or had surgery? Yes No Don't Know

22. Has the Player had a medical problem or injury since their last evaluation? Yes No Don't Know

FAMILY HISTORY

23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? Yes No Don't Know

24. Has any family member had unexplained heart attacks, fainting or seizures? Yes No Don't Know

25. Does the Player have a father, mother or brother with sickle cell disease? Yes No Don't Know

Elaborate on any positive (yes) or Don't Know answers:

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in the ARS EDP.

Signature of parent/legal custodian: _____

Date: _____

Signature of Player: _____ Date: _____

Phone #: _____



Consent Form

Player Pledge: As a Player, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of All Rugby School (ARS) Elite Development Programme (EDP), and hereby accept the responsibility and privilege of representing the ARS EDP and school and community as a Player.

Parent Pledge: As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the Players. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a Player.

Request for Permission: We, the Player's parent/legal custodian, give my consent for the above -named Player to represent his/her school in the ARS EDP.

Medical Authorization: As the parent or legal custodian of this Player, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in rugby, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.

Risk of Injury: We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the Player will be under the supervision and direction of a coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the Player and other athletes. However, we acknowledge and understand that neither the coach can eliminate the risk of injury in sports. Injuries may and do occur. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in the ARS EDP.

Parental Permission: I have read and reviewed the general requirements for ARS EDP programme eligibility, and have discussed these requirements with my Player. I understand that additional questions or specific circumstances should be directed to my Player's coach, ARS EDP, or head of school. I certify as a parent or legal custodian that the home address on this form is my sole bona fide domicile, and I will notify the head of school immediately of any change in domicile since such a move may alter the eligibility status of my Player.

We have read the requirements for the ARS EDP and this document and understand all of the requirements for participation. We agree to comply with the requirements set forth in this document. All information contained in this document is accurate and correct.

Providing false information on this form may cause the Player to lose athletic eligibility.

Father (Signature) Date

Mother (Signature) Date

Legal Custodian (Signature) Date

Player: I certify that the above information is correct, that I have read and reviewed all of the above information with my parent(s) / legal custodian(s), and I agree to comply with these standards as well as those established by my school, principal, athletic director, and coach.

Player (Signature) Date