



SASK RUGBY REP TEAMS Athlete Health Form

Athlete Information

First Name: _____ Last Name: _____

Gender: _____ Birth Date: _____
(dd-mm-yyy)

Address: _____

Phone #: _____ Email: _____

Emergency Contact Information

Name: _____ Relationship to Athlete: _____

Primary Alternate
Phone #: _____ Phone #: _____

Medical Information

Hospitalization #: _____

Family Doctor: _____ Phone #: _____

1. Is this athlete currently free of injury?

Yes No

If No, please give details:



2. Within the past year, has this athlete missed more than 3 consecutive days of 1 week in total training and/or practice or playing time due to injury or illness?

Yes No

If Yes, please give details:

3. Within the past year, have this athlete suffered a concussion?

Yes No

If Yes, please give details including dates:

4. Does this athlete have any other injuries or illnesses you wish to disclose to the coaches or managers at this time?

Yes No

If Yes, please give details:

5. Any other health considerations for the team (allergies, dietary restrictions, medications):



Health Declaration

Athlete Name

Date

To whom it may concern:

As the aforementioned athlete, or the parent and/or legal guardian of the athlete above, I am satisfied that he/she/they/I is in good health to take part in strenuous activities and has my permission to participate in rugby activities conducted by Sask Rugby. I also agree that the need to have this athlete examined by a physician following an illness or injury not listed to re-establish their bill of good health, and that this or any other medical examination is my sole responsibility.

Athlete Signature

Date

Parent/Guardian Signature
(if the athlete is under 18)

Date