## **Boksburg Rugby Klub-Club**



2 Adderley Street Prince George Park, Boksburg South

PO Box 480, Boksburg, 1459 Tel: 082 525 2810 admin@boksburgrugby.co.za

			Player form			
			Personal details	s		
Full name:						
Team:						
Position/s playing:						
Mobile:						
ID number:						
Medical aid:						
Plan:						
Number:						
			Emergency Conta	nct		
Name:						
Relationship to player:						
Mobile:						
			Medical History	<u> </u>		
Do you have any medi	cal condition	ons, disabilities or allergies:		Yes / No		
Condition/dissability		Medication		Fr	Frequency	
Allergy		Medication		Dose/Frequency		
			History of injury	Y		
Injury \		When Treatment received		Who treated you?	Current status of injury	
		Cardiac	questionaire (tick if ap	pplicable to you)		
Fainting	Chest Pain or tightness		tightness	High blood	od pressure	
Palpitations		Bresthlessness		Smoking (F	Smoking (How many)	
Dizzy turns		Sudden death	in family under 50	Diabetes		
			Health & Fitnes	S		
In which other sports/	physical ac	tivities are you	involved			
How many hours per week do you train?						
Have you played Rugby before?						
If yes, where and for how many seasons?						
Height						
Weight						
			Signitures			
Player signature:						
Coach signature:				Coach signature:		
Manager Signature:						