



12. Medically advised not to participate in any sport Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, state reason:
13. Under a physician's care Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, state reason:
14. Experienced loss of consciousness after an injury Yes \_\_\_\_\_ No \_\_\_\_\_
15. Undergone any surgery Yes \_\_\_\_\_ No \_\_\_\_\_
16. Takes any medication on a regular basis Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, state name of medication and reason
- Needs emergency medication, explain Yes \_\_\_\_\_ No \_\_\_\_\_
17. Experienced frequent chest pains or palpitations Yes \_\_\_\_\_ No \_\_\_\_\_
18. Recent history of fatigue and undue tiredness Yes \_\_\_\_\_ No \_\_\_\_\_
19. History of fainting when exercising Yes \_\_\_\_\_ No \_\_\_\_\_
20. History of a family member having a sudden death Yes \_\_\_\_\_ No \_\_\_\_\_
21. Other illness or injuries not mentioned above
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22. Does your child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Contact Lenses? Yes \_\_\_\_\_ No \_\_\_\_\_
23. Does your child have hearing problems? Yes \_\_\_\_\_ No \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_