

ARC Player Profile Sheet



Name: _____ Age: _____
DOB: _____
Last First

Address: _____

City, State, & Zip: _____

Phone:(____) _____ E-mail: _____

In case of Emergency Contact: Name _____

Phone: _____ **Relationship to player:** _____

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Parents

Father: _____ Employer/Occupation: _____

Address: _____ (If different from above)

City, State, & Zip: _____

Phone:(____) _____ E-mail: _____

Mother: _____ Employer/Occupation: _____

Address: _____ (If different from above)

City, State, & Zip: _____

Phone:(____) _____ E-mail: _____

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Athletes Information (specify adult or child on sizes)

School: _____ Grade: _____

Ht: _____ Wt: _____ Sizes: Shirt Adult Child Shorts/Waist Adult Child Sock/Shoe Adult Child

List any athletic experience, positions, and athletic accomplishments/awards (Include other school sports): _____

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MEDICAL HISTORY

PLEASE CIRCLE NO OR YES AND LIST DETAILS AS REQUESTED. ALL INFORMATION WILL REMAIN CONFIDENTIAL AND APPLIED ONLY TO EMERGENCY CARE SITUATIONS. USE THE BACK OF THE PAGE IF REQUIRED FOR MORE WRITING SPACE.

Do you have any food or medicine allergies? (list) Yes No

Do you take over the counter and/or prescription medications? (list) Yes No

Have you been diagnosed with Asthma or exercise induced Asthma? Yes No

List medications: _____

Have you ever been diagnosed with any major diseases or conditions? Yes No

Diabetes, Epilepsy, Heart Disease, etc? Please list: _____

Do you have or have you ever had a hernia or rupture? List dates if Yes No

Repaired: _____

Have you ever been knocked out or had a concussion or other closed Yes No
Head injury? List Dates: _____

Have you ever injured the bones, ligaments, nerves, or discs of your Yes No
neck and back that disabled you for a week or longer? List injury and
dates: _____

Have you ever had a broken bone or fracture? (Right or Left) Yes No

List bones/dates: _____

Have you ever had a shoulder/elbow or wrist injury that disabled you Yes No
for a week or longer? R or L List injury/dates: _____

Have you ever injured the ligaments in your knee? R or L List Yes No
injury/dates: _____

Have you ever had an ankle injury that disabled you for a week Yes No
or longer? (dislocation, sprain, separation, etc.) Right or Left List
injury/dates: _____

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Do you presently have a rod, pin, screw, or plate anywhere in your body? Yes No
Where? List injury/dates: _____

Do you wear contact lenses or removable dental appliances while Yes No
participating in your sport? List items: _____

Have you experienced any major surgery? List: _____ Yes No

Are you current on all immunizations? List special considerations: Yes No

Do you have any other conditions you wish to make us aware? Please Yes No
specify and give details: _____

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. SIGNING THIS DOCUMENT RELEASES ALL INFORMATION TO ASSIST IN THE APPLICATION OF NECESSARY EMERGENCY CARE.

PLAYER NAME/SIGNATURE DATE

PARENT/LEGALGUARDIAN NAME/SIGNATURE DATE