

JUNIOR SCREENING QUESTIONNAIRE

(parent or guardian to complete)



The information you provide in this questionnaire will be used to assist coaching staff and, in case of injury, to contact the player's next of kin. It is confidential and will not be shown to anyone except the team coaching staff.

1 PERSONAL DETAILS

Name:

First

Last

Address:

Telephone:

Mobile:

Email:

Date of birth:

___/___/___
Day Month Year

Date this form
was completed:

___/___/___
Day Month Year

2 NEXT OF KIN (EMERGENCY PURPOSES ONLY)

Name:

Address:

Telephone:

Mobile:

Relationship:

3 HEALTH HISTORY

Does the player have any medical condition(s)/disability?

If the answer is "yes", please list the condition and any medication they take for it.

Condition/disability <i>eg. asthma, diabetes, epilepsy, anaemia, haemophilia, viral illness</i>	Medication <i>eg. tablets, inhalers, creams (give drug names)</i>	Frequency <i>eg. twice daily, only with symptoms</i>

Allergies <i>eg. bee stings</i>	Medication <i>eg. tablets, inhalers, creams (give drug names)</i>	Dose/frequency

JUNIOR SCREENING QUESTIONNAIRE *Continued...*

4 INJURY HISTORY

List any injuries the player has had in the past three years and when they happened (eg. concussion, fracture, sprains, strains). List the treatment they had and who gave the treatment eg. doctor/coach/physiotherapist.

What was the injury? <i>eg. sprained ankle</i>	When did it happen? <i>eg. 11 July 2002</i>	What treatment did you get? <i>eg. R.I.C.E.D. on crutches for a while and then sessions with physiotherapist</i>	Who provided the treatment? <i>eg. physiotherapist</i>	Current status of the injury? <i>eg. fully recovered or not</i>

5 LIFESTYLE ASSESSMENT

What other sports/activities is the player involved in?

Activity/sport <i>eg. gymnastics</i>	Practice/game <i>eg. three per week</i>	Time <i>eg. six hours</i>

Has the player played this sport before? Yes No

If yes, when? _____ Club/school? _____
Year

How will the player get to and from training and games? _____

Does the player have the appropriate protective equipment for this sport *eg. mouthguard, shin pads, helmet?* Yes No

6 PHYSICAL ASSESSMENT – ONLY FOR REPRESENTATIVE LEVEL (FOR COACH/TRAINER TO COMPLETE)

Height in cm: _____ Weight in kg: _____ • _____

Aerobic endurance	3km time run:	
Speed	Time for 50m sprint:	
Speed and agility	Time for propeller test:	
Upper body strength	Number of press-ups:	

7 Guardian's/
player's
signature _____

Assessor's
signature _____

Follow-up date: _____ / _____ / _____
Day Month Year