

**WINDWARD BASEBALL
ATHLETICS
MEDICAL HISTORY QUESTIONNAIRE**

NAME _____ DATE ____/____/____
(LAST) (FIRST)

AGE _____ BIRTH DATE ____/____/____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____ PHONE _____
(CITY) (STATE) (ZIP)

PARENT/EMERGENCY NOTIFICATION:

NAME _____ RELATIONSHIP _____
ADDRESS _____
PHONE (H) _____ PHONE (W) _____

INSURANCE INFORMATION (Also attach copy of card on full sheet of paper):

Insured Name _____ Insured Birth Date ____/____/____ Effective date ____/____/____
Athlete relationship to insured _____ Policy currently in force? Y N Policy covers athletic injuries? Y N
Insurance Company _____ ID# _____ Plan# _____ Group# _____
Insurance address _____ Phone # ____ - ____ - ____

MEDICAL HISTORY: (Circle appropriate answer)

DISEASE OR ILLNESSES

- YES NO 1. Have you ever been told that you have asthma? If yes, what usually brings on an attack?
_____ Medication _____
- YES NO 2. Do you carry an inhaler when you participate in activity? Medication _____
- YES NO 3. Have you ever been told that you have a heart murmur? Date _____
- YES NO 4. Have you ever been treated for any other heart condition? If so, give details _____
- YES NO 5. Have you had any illness requiring bed rest of one week or longer during the past year?
Nature of the illness _____
- YES NO 6. Have you had a tetanus shot in the last five years? Date _____
- YES NO 7. Have you experienced a concussion during the last five years?
Date(s) _____
- YES NO 8. Do you wear glasses? Regular _____ Safety lens or frames _____
- YES NO 9. Do you wear contact lenses? Hard _____ Soft _____
- YES NO 10. If the answer to question 24 or 25 is yes, do you wear them during athletic competition? Specify what you wear during competition _____
- YES NO 11. Have you experienced a sprain during the past five years to either knee with severe swelling accompanying the injury? R _____ L _____
- YES NO 12. Are you currently on prescribed medication or drugs on a permanent or semi-permanent basis? If so, indicate the name of the medication and why prescribed. Name _____
Why prescribed _____
- YES NO 13. Are you allergic to any medication? If yes, give details. Name of medication _____
Reaction _____
- YES NO 14. Are you allergic to insect bites? If yes, specify insect _____
Reaction to your last insect bite _____
- YES NO 15. **Other relevant health information?** Details _____

ALL OF THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. I AM IN GOOD HEALTH AND PHYSICAL CONDITONAL TO PARTICIPATE FULLY IN ALL ACTIV WITH WINDWARD BASEBALL. I UNDERSTAND THIS FORM, ANNUAL PROOF OF CURRENT INSURANCE, AND GIVE CLEARANCE FOR TRYOUTS, PRACTICE, AND COMPETITION. I UNDERSTAND EACH ATHLETE IS RESPONSIBLE TO MAINTAIN THEIR OWN INSURANCE COVERAGE AND UPDATE THE WINDWARD BASEBALL STAFF WITH ANY CHANGES TO THAT COVERAGE THROUGHOUT THE SEASON. FAILURE TO DO SO MAY REQUIRE REMOVAL FROM TEAM.

This acknowledges that I (we), the undersigned, ATHLETE and/or parent(s) or legal guardian(s) of _____ recognize the potentially hazardous nature of the sport of baseball that

(print participant's name)

an injury might be sustained. These injuries include but are not limited to PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH. In the event of such an injury to myself ,(my child)and we (I or my spouse or guardian) cannot be contacted, we give permission to qualified and licensed physicians, paramedics, EMTs and/or other medical or hospital personnel to render such treatment.

We (I) release the WINDWARD BASEBALL ACADEMY, its employees, its agents, its volunteers and its assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

A COPY OF YOUR CURRENT INSURANCE SHOULD ACCOMPANY THIS FORM.

Signature of Athlete **Date**

Signature of Parent if Athlete under 18 **Date**