

CINCINNATI TRAILBLAZERS

Medical Clearance

2009-2010

Dear Doctor:

_____ has applied to try out for the Cincinnati Trailblazers _____ Team and will potentially play the 2008/2009 season. We are requiring that athletes have a completed physical by their physician and completed medical clearances to play with the program.

By completing this form, you are certifying that your client is in physical condition to participate in training, practices and _____ games. If you know of any medical or other reasons why participation in the program by the applicant would be unwise, please indicate so on this form.

If you would have any further questions about the program, please call Greg Forbin at (513)967-4298.

Report of Physician

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate, but I urge caution due to:

_____ The applicant should not engage in the following activities:

_____ I recommend that the applicant NOT participate at this time.

Physician Signature: _____

Physician Name (please print): _____

Address: _____

City/State/Zip: _____

CINCINNATI TRAILBLAZERS

Medical Profile

2009-2010

Physical

Player's Name: _____

Date of Birth: _____ male/female

Height: _____ Weight: _____ Wears Contacts? yes/no

Current Medical Conditions: _____

Current Medication: _____

Drug allergies: _____

Other allergies: _____

Previous Sports Injuries: _____

Any other medical condition we should be aware of in case of emergency: _____

Contact Information

Notify in case of emergency: _____ phone: _____

Relationship to player: _____

Physician's Name: _____ phone: _____

Dentist's Name: _____ phone: _____

Specialist's Name: _____ phone: _____

Insurance

Insurance provider: _____

Policy Holder: _____ Relationship to player: _____

Policy Numbers: _____