



NEW PLAYER FORM

Welcome to the Jozi Cats Rugby Club. In this form we will ask some basic personal information for our records. These records will be used to better understand the requirements of the club and its members.

PLAYER DETAILS	
Full Name	
Address	
Mobile	
Email	
Date of Birth	
Occupation	
EMERGENCY CONTACT DETAILS	
Full Name	
Address	
Relationship to the Player	
Mobile	
Email	
MEDICAL AID	
Do you currently belong to a medical aid?	Y / N
Medical Aid Details <i>(This information will be used in case of medical emergencies only)</i>	
Medical Aid Scheme	
Medical Aid Scheme Membership Number	
GENERAL PRACTITIONER / DOCTOR	
Name	
Address	
Contact Number	
MEDICAL HISTORY	
Do you have any medical conditions, disabilities or allergies?	Y / N

NPO 169-144

Address: Digger's Rugby Club, 58-60 Silver Pine Ave, Randburg, 2194

Website: www.jozicats.co.za

Email: hello@jozicats.co.za

Tel: +27 82 784 6645



Medical History Details Condition / Disability / Allergy: <i>e.g. asthma, diabetes, epilepsy, anaemia, haemophilia, bee stings, etc</i>	
Medication <i>e.g. tablets, inhalers, creams, etc</i> - give drug names Dose / Frequency	
HEALTH AND FITNESS ASSESSMENT	
In which other sports / physical activities are you involved?	
How many hours per week do you train?	
Have you played Rugby before?	Y / N
If yes, where and for how many seasons?	
What type of Rugby are you interested in?	Touch Contact Both Not sure
Height (m)	
Weight (kg)	
Cardiac Questionnaire	<ol style="list-style-type: none">1. <input type="checkbox"/> Fainting2. <input type="checkbox"/> Dizzy Turns3. <input type="checkbox"/> Breathlessness or more easily tired than teammates4. <input type="checkbox"/> History of high blood pressure5. <input type="checkbox"/> Diabetes6. <input type="checkbox"/> Palpitations7. <input type="checkbox"/> Chest pain or tightness8. <input type="checkbox"/> Sudden death in your immediate family of anyone under 509. <input type="checkbox"/> Smoking

Player Name _____ Date _____

Player Signature _____

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Jozi Cats Admin	
Captured By	Name:
Date	Date:
Jozi Cats Debit Order Form Completed	Y / N
Code of Conduct Acknowledged	Y / N
Jozi Cats Values In Action Constitution Acknowledged	Y / N
Selection Policy Acknowledged	Y / N