



Player Physical Form

Participant Name: _____ Age: _____

Grade (2009 Fall School year): _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Previous or current medical conditions that we should be aware of:

*****Physician To Complete*****

Height: _____

Weight: _____

Blood Pressure: _____

Pulse: _____

Eyes: _____

Ears: _____

Lungs: _____

Heart: _____

Abdomen: _____

General Ortho: _____

Other: _____

Cleared to participate in the Jr. Huskies Basketball Program: Yes No

If no, reason: _____

Physician Signature: _____ Date: _____