



17. Do you wear any of the following dental appliances: PERMANENT BRIDGE, BRACES, REMOVABLE RETAINER, PERMANENT RETAINER, REMOVABLE PARTIAL PLATE, FULL PLATE, PERMANENT CROWN OR JACKET? NO YES (circle those which apply)
18. Have you had a broken bone or dislocation in the past 2 years? NO YES  
R or L \_\_\_\_\_ What bone? \_\_\_\_\_ Dates \_\_\_\_\_
19. Have you had a shoulder injury (dislocation, separation, etc.) NO YES  
R or L \_\_\_\_\_ Type of injury? \_\_\_\_\_ Treatment? \_\_\_\_\_  
Dates \_\_\_\_\_
20. Have you ever injured your back? NO YES  
Type of injury? \_\_\_\_\_ Treatment? \_\_\_\_\_ Date \_\_\_\_\_
21. Do you have back pain? NO YES (circle those which apply)  
SELDOM, OCCASIONALLY, FREQUENTLY, WITH VIGOROUS EXERCISE, WITH HEAVY LIFTING
22. Have you injured your knee? Type of injury? \_\_\_\_\_ NO YES  
R or L \_\_\_\_\_ Treatment? \_\_\_\_\_ Date \_\_\_\_\_
23. Have you ever injured your ankle? Type of injury? \_\_\_\_\_ NO YES  
R or L \_\_\_\_\_ Treatment? \_\_\_\_\_ Date \_\_\_\_\_
24. Do you have a pin, screw, or plate in your body? NO YES  
Where in your body? \_\_\_\_\_ Date \_\_\_\_\_
25. Have you ever had a menstrual period? NO YES  
If yes, age when you had your first menstrual period \_\_\_\_\_  
How many periods have you had in the last 12 months? \_\_\_\_\_
26. Do you have any other conditions that we should be aware of? NO YES  
(specify & give details)
27. Please give the date of your last immunization for: tetanus \_\_\_\_\_ polio \_\_\_\_\_  
mumps \_\_\_\_\_ rubella \_\_\_\_\_ measles \_\_\_\_\_ chicken pox \_\_\_\_\_

**THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date

Form 1008 (rev 4/06)