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DURFC REGISTRATION AND MEDICAL FORM 2019-20

Please write as neatly as possible and complete ALL answers please This is an annual process

* Team Durham - General Data Protection Regulations
* In an attempt to provide the best possible care for all individuals playing sport,organised or sanctioned by the Athletic Union, we request that you complete this form.
* The information that you give in the following documents is classed as personal data under the new GDPR legislation and as such you must opt in to giving the information.
* We will keep your data on a secure spreadsheet on the university shared drive or in a locked cabinet if supplied in hard copy
* We will keep your data for the duration of your time as a student
* We will delete your data once you are no longer a student
* The form will be held by the Head of Rugby, Medical Lead for DURFC, Team Durham staff, rugby coaches the strength and conditioning team, Performance Analysis Manager
* For further information please refer to the Durham University Privacy Policy which can be found here: <https://www.dur.ac.uk/ig/dp/privacy/pnstudents/>

This form will be used

A/ Medical concerns , history relevant to playing and training for rugby with DURFC. In the event of a significant injury or health problem. The purpose of this declaration is to provide immediate access at the site of next-of-kin details and information that may be necessary for treatment either on site or at hospital

B/ University and rugby Sporting matters

C/ We Your data may be used to support Sponsorship, Fund Raising and Marketing activities on behalf of DURFC only

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| **Consent to share**  |
| **I consent for the personal information held on my registration and medical form when required, to be shared with the following: (delete as appropriate)** |
| **Members of the Maiden Castle Physiotherapy Team** | **Yes/No** |
| **Your General Practitioner** | **Yes/No** |
| **Members of the Strength and conditioning Team** | **Yes/No** |
| **The Sports Consultant Doctor within the Maiden Castle Physiotherapy Team** | **Yes/No** |
| **Members of your coaching staff** | **Yes/No** |
| **Members of A&E / Paramedic team where required** | **Yes/No** |
| **Team Durham Staff ( Not medical)** | **Yes/No** |
| **Performance Analysis Staff ( Not medical)** | **Yes/No** |
| **To support DURFC Sponsorship , Fund raising , Marketing and Alumni support ( Not Medical)**  | **Yes/No** |
| **I understand that I have the right to withdraw my consent at any time** | **Yes/No** |

**Player signature:………………………………………………………………Date:……………………………………………..**

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| **Athlete Personal Details** |
| **Name** |  |
| **Term Address** |  |
| **Postcode** |  |
| **Date of Birth** |  | **Place of Birth** |  |
| **Mobile (Yours)** |  |
| **Email (University)** |  | **Email (Personal)** |  |
| **Height (cms)** |  | **Weight (kg)** |  |
| **PLAYING POSITION** |  | **ALTERNATIVE POSITION** |  |
| **COLLEGE**  |  | **DEGREE** |  |
| **SCHOOL** |  | **CLUB** |  |
| **School Coach Name and Contact No** |  | **Club Club Coach Contact No** |  |
| **REPRESENTATIVE HONOURS** |  |
| **Emergency Contact Details** |
| **Name** |  |
| **Address** |  |
| **Relationship to Player** |  |
| **Telephone** |  | **Mobile** |  |

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| **Health and fitness assessment** |
| **In which other sports / physical activities are you involved?** |  |
| **How many hours per week do you train?** |  |

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| **Health assessment** |
| **Have you ever suffered from an eating disorder? (Delete as appropriate)****Yes/No****(If yes, please detail)** |  |

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| **Concussion** |
| **Have you ever suffered from concussion? (delete as appropriate)****Yes/No****(If yes, please give details of when, how long it took you to fully recover and what treatment/advice you received)** |  |
| **All players -** [**Please complete the Mandatory online RFU Headcase concussion training**](http://www.englandrugbyfiles.com/concussion/courses/players/)**Date of Completion:………………………………………………….** |

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| **Medical history** |
| **Do you have any medical conditions, disabilities or allergies? (delete as appropriate) Yes/No** |
| **If the answer is yes, please list each condition, disability or allergy and any medication you take for it below.** |
| **Condition / disability (e.g. asthma, diabetes, epilepsy, anaemia, haemophilia, viral illness, etc)** | **Medication (e.g. tablets, inhalers, creams, etc - give drug names)** | **Frequency / Dose (e.g. twice daily, only with symptoms, etc)** | **Allergy (e.g. bee stings, etc)** |
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| **Cardiac questionnaire**  |
| **Do you suffer from any of the following? (Delete as appropriate)** |
| **Fainting** | **Yes/No** | **Palpitations** | **Yes/No** | **Dizzy turns** | **Yes/No** |
| **Chest pain or tightness** | **Yes/No** | **Breathlessness or more easily tired than teammates** | **Yes/No** | **Sudden death in your immediate family of anyone under 50** | **Yes/No** |
| **History of high blood pressure** | **Yes/No** | **Diabetes** | **Yes/No** | **Smoking (how many per day)** | **Yes/No** |

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| **History of injury**  |
| **Please list any injuries, when they happened and who treated you)** |
| **Injury (e.g. fracture, tear, rupture)** | **When****(e.g. Sept 2007)** | **Treatment received** | **Who treated you (e.g. doctor)** | **Current status of injury (fully recovered or not)** |
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| **Operations** |
| **Have you had any operations in the past 5 years that are not covered above? (Delete as appropriate)****Yes/No****(If yes please give dates and details of surgery)** |  |

**Player’s signature: ……………………………………………………………………Date of profile completion: ……………………………………………………**