

PLAYER INFORMATION

Name:

PREFERRED PLAYING POSITION

(i.e. Setter, Middle, Defensive Specialist, Libero, Pass/Hitter, Server, Opposite)

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

GOALS

Must be volleyball orientated and must be SMART:

- Specific
- Measureable
- Achievable
- Relevant
- Time Bound

SKILL	ACHIEVEMENTS (i.e. Club Reserves/Premis, State/National Teams)	2018+

TRAINING AVAILABILITY

Absences must be communicated to Sue and/or Narene as soon as possible.

This is your responsibility, not your parents!

GUIDELINES

In order for us to help you become the best you can be, we need the following:

- tell us when you are injured or sore - we can work around this
- tell us when there is a particular part of your game that you want to work on

DRINK BREAKS

all balls must be collected and placed in ball trolleys first

PLAYER INFORMATION

First name: _____

Last name: _____

Medical details

Blood group:

Do you have any allergies? yes / no (please circle)

If yes, please list, as well as any treatment procedure (eg epipen + management plan):

Please list any medical conditions that you have as well as any treatment procedure (for example, diabetes, epilepsy, asthma & management plan):

Have you received a medical clearance from your doctor (if required) for your condition(s)? yes / no (please circle)

Please list any regular medications you require (include dosage):

Ambulance cover: Yes/No

Medicare No: _____

Number on Medicare Care Card: 1/2/3/4/5/6

SPORTS INJURY DETAILS

Please list any current or recurring injuries:

Do you suffer from recurring pain in any joint when playing sport? yes / no (please circle)

If yes, please provide details:

Have you ever had a head, neck or spinal injury in the last 12 months? yes / no (please circle)

Have you broken any bones in the last 12 months? yes / no (please circle)