**WKBL Asiaquota Player DRAFT APPLICATION FORM**

|  |
| --- |
| **Personal Information** |
| Name |  |
| Date of Birth | yyyy/mm/dd | Nationality |  |
| Height | cm | Weight | Kg |
| Position |  | Marital Status | □Single □Married |
| Mobile Phone |  |
| E-mail |  |
| **Career** |
| University/College |  | Year graduated |  |
| Professional Club |  | Year played |  |
| **Awards & Other Career Info** |
|  |

|  |
| --- |
| **Agent Information** |
| Name |  | FIBA License No. |  |
| Mobile Phone |  |
| E-mail |  |
| Fax. |  |

I have understood and agree with Terms and Regulations of Employ Agreement by WKBL.

**Player**

|  |  |
| --- | --- |
| Date :  | Name : (Signature)  |

**Agent**

|  |  |
| --- | --- |
| Date :  | Name : (Signature)  |

**WKBL Asiaquota Player’s SELF PHYSICAL EVALUATION**

|  |
| --- |
| **Personal Information** |
| Name |  |
| Date of Birth | yyyy/mm/dd | Nationality |  |
| No. | Question | Yes | No |
| 1 | 병원에 입원한 적이 있습니까? Have you ever been hospitalized?入院したことがありますか？ |  |  |
| 2 | 수술을 받은 적이 있습니까? Have you ever had surgery?手術を受けたことがありますか？ |  |  |
| 3 | 현재 의사의 치료를 받고 있습니까? Are you presently under a doctor’s care?現在、医師の治療を受けていますか？ |  |  |
| 4 | 현재 섭취하고 있는 약물이나 양약이 있습니까? Are you presently taking any medications or pills?現在摂取している薬がありますか？ |  |  |
| 5 | 알레르기가 있습니까?Do you have any allergies?アレルギーがありますか？ |  |  |
| 6 | 운동 중 또는 후에 기절한 적이 있습니까? Have you ever passed out during or after exercise?運動中または後に気絶したことはありますか？ |  |  |
| 7 | 운동 중 또는 후에 가슴통증을 느낀 적이 있습니까? Have you ever had chest pain during or after exercise?運動中または後に胸の痛みを感じたことはありますか？ |  |  |
| 8 | 고혈압을 앓고 있습니까? Have you ever had high blood pressure?高血圧を患っていますか？  |  |  |
| 9 | 의사에게 심장 잡음이 들린다고 들은 적이 있습니까? Have you ever been told that you have a heart murmur?医者から心雑音が聞こえると言われたことはありますか？ |  |  |
| 10 | 심장박동이 멈추거나 비정상적으로 빠르게 뛴 적이 있습니까? Have you ever had abnormal racing of your heart or skipped heartbeats?心臓の鼓動が止まったり、異常に速く走ったりしたことはありますか？ |  |  |
| 11 | 가족 중 심장질환자 또는 50세 이전에 갑작스럽게 사망한 사람이 있습니까? Has anyone in your family died of heart problems or a sudden death before age 50?ご家族で心臓の病気や50歳以前に急死した人はいますか？ |  |  |
| 12 | 가족 중 마르판증후군을 앓고 있는 사람이 있습니까? Has anyone in your family had Marfan’s syndrome?家族でマルファン症候群を患っている人はいますか？  |  |  |
| 13 | 피부질환이 있습니까? (가려움, 발진 등)Do you have any skin problems (itching, rashes, acne)?皮膚疾患がありますか？ (かゆみ、発疹など) |  |  |
| 14 | 머리를 다친 적이 있습니까? Have you ever had a head injury?頭をけがしたことがありますか？ |  |  |
| 15 | 기절하거나 무의식 상태가 된 적이 있습니까? Have you ever been knocked out or unconscious?気絶したり、無意識になったりしたことはありますか？ |  |  |
| 16 | 발작이나 간질을 앓은 적이 있습니까? Have you ever had a seizure or epilepsy?発作やてんかんを患ったことがありますか？ |  |  |
| 17 | 열 경련이나 근육 경련이 일어난 적이 있습니까? Have you ever had heat cramps or muscle cramps?熱けいれんや筋肉けいれんが起きたことがありますか？ |  |  |
| 18 | 운동 중 또는 후에 기침을 하거나 호흡곤란을 경험한 적이 있습니까? Do you have trouble breathing or do you cough during or after activity運動中または後に咳をしたり、呼吸困難になったりしたことはありますか？ |  |  |
| 19 | 운동 중 특별한 장비를 사용합니까? (보호대, 고글 등)Do you use any special equipment(pads, braces, neck rolls, eye guards, etc)?運動中に特別な装備を使いますか？ (プロテクター、ゴーグルなど) |  |  |
| 20 | 눈이나 시력 때문에 문제가 있습니까? Have you had any problems with your eyes or vision?目や視力に問題がありますか？ |  |  |
| 21 | 안경, 콘택트렌즈 또는 다른 시력 보조 장비를 착용합니까? Do you wear glasses or contacts or protective eye wear?メガネ、コンタクトレンズ、またはその他の視力補助機器を着用しますか？ |  |  |
| 22 | 뼈, 관절의 부상, 긴장, 탈구, 골절이나 부상 부위 붓기가 반복된 적이 있습니까? Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?捻挫、脱臼、骨折、骨や関節の腫れやその他の損傷を繰り返したことはありますか？

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| □ Head | □ Back | □ Neck | □ Shoulder | □ Elbow  | □ Forearm  | □ Wrist  |
| □ Hand/Finger | □ Hip | □ Thigh | □ Knee | □ Shin/Calf | □ Ankle  | □ Foot |

 |  |  |
| 23 | 다른 어떤 건강상의 문제를 겪은 적이 있습니까? (전염병, 당뇨병, 빈혈 등)Have you had any other medical problems(infectious mononucleosis, diabetes, anemia, etc)?他にどのような健康上に問題があったことはありますか？(伝染病、糖尿病、貧血など) |  |  |
| 24 | 최근 3년 이내 부상을 당한 부위를 체크해주세요.Please check where you have been injured within last 3 years. ここ3年以内に怪我をした部位をチェックしてください。

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| □ Head | □ Eye | □ Ear | □ Neck | □ Shoulder  | □ Collarbone | □ Elbow  |
| □ Wrist | □ Finger | □ Chest | □ Rib | □ Back | □ Tailbone | □ Pelvis |
| □ Thigh | □ Knee | □ Shin | □ Calf | □ Ankle | □ Heel | □ Sole |
| □ Toe | □ ETC :  |

 |  |  |
| 25 | 위의 문항들에서 ‘YES’ 및 체크한 부상 부위에 대해 자세하게 설명해주세요.Explain "YES" answers & ‘Check’s above.上記の質問項目で「YES」及びチェックした負傷部位について詳しく説明してください。→ |  |  |

I hereby state that, to the best of my knowledge, my answers to the above questions are correct

**Player**

|  |  |
| --- | --- |
| Date :  | Name : (Signature)  |