

Athlete Intake Questionnaire



Staff: _____ Today's Date _____/_____/_____

Name _____ Age _____ Birth Date _____/_____/_____

Address _____ City _____ State _____ Zip Code _____

Phone # (H)(_____) _____ (C)(_____) _____

Email _____

Parent Email _____

Emergency Contact _____ Relationship _____

Phone # (H)(_____) _____ (C)(_____) _____ (W)(_____) _____

School _____ Year in School _____ Graduation Year _____

- Sports-Positions or Events: 1. _____
2. _____
3. _____
4. _____

Training Experience

Strength Training/Olympic Lifting: _____

Plyometrics (jump training): _____

Sprint/Agility Training: _____

Injuries/Medical Conditions: _____

Limitations: _____

- Training Goals: 1. _____
2. _____
3. _____

Hobbies/Interests: _____