

# Athlete Information & Registration Sheet

Name of Athlete: \_\_\_\_\_

Parent(s) or Guardian(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address where session schedule can be sent (Please print clearly): \_\_\_\_\_

Check Number: \_\_\_\_\_

The following section is to be completed by the athlete.

What sports and positions do you play? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your athletic strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your athletic weaknesses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from this program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What session are you attending (Monday/Wednesday or Tuesday/Thursday)? \_\_\_\_\_

\_\_\_\_\_

Rate yourself in the following categories using a 1-10 scale (1 being very weak & 10 being very strong).

Top Speed\_\_\_\_ Agility\_\_\_\_ Vertical Jump\_\_\_\_ Balance\_\_\_\_ Coordination\_\_\_\_

Upper Body Strength\_\_\_\_ Lower Body Strength\_\_\_\_ Broad Jump\_\_\_\_ Quickness\_\_\_\_

Change Direction\_\_\_\_