



Application and Sports History 9/04

Name _____ Date _____

Address _____ City _____ St _____ Zip _____

Telephone (H) _____ (W) _____ (C) _____

Sex M F Date of Birth ____/____/____ E-Mail _____

Person to contact in case of emergency:

Name _____ Relationship _____ Phone _____

Personal Physician _____ Phone _____

Address _____

School _____ Coach _____

Please answer the questions below as accurately as possible

1. What sports do you currently play (list all school and club teams)? Include the age you began to play each sport.

2. How many hours each week (in addition to your normal practice) do you workout to increase your strength and/or fitness?

3. On the average, how many hours of homework do you have each weeknight? _____

4. On the average, how many hours of sleep do you get each weeknight? _____

5. If you have a part time job, what type and how many hours do you work?

6. How many meals (times) do you eat each day? _____

7. Would you like to gain weight, lose weight or maintain your current weight?

8. Do you take supplements? If yes, which types?

9. How would you rate your overall academic performance (A, B, C, D or F)? _____

10. What activities do you enjoy in your free time?

11. How would you rate your current energy level (circle one)?

- a. I feel tired all the time and my sports performance is getting worse.
- b. I feel tired all the time, but I can still see some improvements
- c. I feel energetic but my gains in sports performance are limited or slow.
- d. I feel tired energetic all the time and continually make gains in sports performance.

12. What are your sporting goals during the next year?

13. What are your sporting goals during the next 3 years?

14. Do you train with weights or do other resistive training? How long? If supervised, with whom?

15. Do you have any major medical conditions? (If so, please list)

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Signed _____ Date _____