



STRENGTH AND CONDITIONING INTAKE FORM

Athlete Name _____ Parent's Name(s) _____

Athlete Information

Age: _____ DOB: _____ Grade: _____ School: _____

Sports participating in, and/or would like to participate in: (Please circle favorite sport)

Baseball _____ Basketball _____ Field Hockey _____ Football _____ Golf _____ Gymnastics _____

Hockey _____ Lacrosse _____ Soccer _____ Softball _____ Swim _____ Tennis _____

Track _____ Volleyball _____ Wrestling _____ Other: _____

Athlete's Team/ League/ etc:

Athlete's Coach:

How did you hear about us?

Friend(name:) TV/News Coach Referral Special Event(details:) Website Camp

WOM Facebook/Social Media Newsletter Healthcare Professional(name:) Other:

Has your son/daughter recently suffered any injuries? In the past?

What are your son/daughter's goals?

Why is this important to you and your child/athlete?

What services are you interested in? (*group sessions, private training, membership*)

Other Comments: