



Athlete Training Profile

Name:							
Male:		Female:		Date Of Birth:	<i>m</i>	<i>d</i>	<i>y</i>
Street Address:							
City:				State:		Zip:	
Home Phone:				Cell Phone:			
Email:							
Mother:				Father:			
Cell:				Cell:			
Email:				Email:			

Goals

Check the top 3 areas you would like to see improvement:

_____ Speed	_____ Strength	_____ Weight Gain	_____ Conditioning
_____ Agility	_____ Rehabilitation	_____ Balance	_____ Confidence
_____ Power	_____ Explosiveness	_____ Vertical Jump	_____ Acceleration

Sports:

Personal Goals:

How did you hear about us?

Radio _____	Flier/Mail: _____	Website/Internet _____
Newspaper _____	Friend/Referral: _____	Name: _____