

## ATHLETE INTAKE FORM

Please take time to complete this intake form for your athlete. This information is used to better place your athlete in the appropriate training program for the development and progress of the athlete. This information is used only for the purpose of athletic placement and is not a part of your athlete's medical record or any permanent health record.

ATHLETE	DATE OF BIRTH	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	HEIGHT INCHES	WEIGHT LBS.
SCHOOL	GRADE	HANDEDNESS RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/>	BIOLOGICAL PARENT 1 HEIGHT INCHES BIOLOGICAL PARENT 2 HEIGHT INCHES NEAREST 1/2 INCH	
FAVORITE SPORTS				
POSITIONS				

The purpose of this next section is to help further identify your athlete's developmental age. Developmental age includes variables of cognitive age, social age, emotional age and training age.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

BELOW AVERAGE

AVERAGE

ABOVE AVERAGE

**EXAMPLE:** Mark the line at the point you feel best describes your athlete.



<input checked="" type="checkbox"/>	How would you rate your child's physical development compared to other athletes his/her age?	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	How well does your child handle challenging situations such as conflict with teammates or constructive feedback from coaches?	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	What kind of grades does your child get in school?	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	How well does your child problem solve or critically think?	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	In the sport(s) your child plays, how skilled is your child compared to others his/her age?	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	What is his/her athletic confidence? ( <i>Does your child feel he/she will succeed in competition?</i> )	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	How many years has your athlete been participating in supervised sports performance (strength, speed, power, agility, etc.) training?	<input type="checkbox"/>	_____
			0 Years                      1 Year                      2 Years                      3+ Years