

M3 STRENGTH & CONDITIONING

ATHLETE ASSESSMENT QUESTIONNAIRE

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

First Name : _____ Last Name : _____
Cell Phone: : _____ Receive Text Messages _____
Email Address: _____
D.O.B. (mm/dd/year) _____ Current Age: _____
Height: _____ Weight: _____ Injuries: _____

School : _____ Grade: _____ Sport: _____ Position : _____
Preferred Sport: _____
Cell Phone: : _____
Coaches Name: _____ Coaches Phone Number _____
Any Other Sports (please list) _____
Weaknesses: _____

On a scale of 1 to 10 How do you visualize yourself playing at the Next Level?

1 2 3 4 5 6 7 8 9 10

Do you prepare your lunch the day before? _____
What do you eat for breakfast? _____
How much water do you drink at day? _____ Do you take creatine? _____
What would your coach say you need to improve? _____

Do you get a post season analysis from your coach? _____
Can you do a chin up? _____ If so How Many? _____ Can you do a push up? _____ If so How Many? _____
What is your mile time? _____
Have you been exercising regularly for the past 6 months? _____
Have you used a personal trainer before? _____ If yes, what did you like. _____

In terms of my health and fitness I would like to:

_____ Gain Muscle/Size _____ Reduce Body Fat

Preferred Parent of Contact

Parent Name : _____ Last Name : _____
Cell Phone: : _____ Receive Text Messages _____
Email Address: _____

Tell us about your current regimen (if any) (cardio, weightlifting, etc.)

Other information Health information we should know.



FOR PARENTAL/ Guardian to Complete

Parent First Name : _____ Parent Last Name : _____

Cell Phone: : _____ Work Phone: _____

Receive Text Messages _____

Email Address: _____

Home Address: _____

FOR PARENTAL/ Guardian to Complete

Parent First Name : _____ Last Name : _____

Cell Phone: : _____ Work Phone: _____

Receive Text Messages _____

Email Address: _____

Home Address: _____

Where do you feel that your student can improve?