

Date: _____



Sports Performance Pre-Screening Questionnaire

Name: _____

D.O.B: _____ Age: _____ Height: _____ Weight: _____ T-shirt Size: _____

Sport(s): _____

Position(s): _____

School/ Team(s): _____

Training Experience (how long, where, type of programs, etc.): _____

What are your performance based strengths (speed, strength, power, agility, balance, conditioning, etc.)?:

What are your performance based weaknesses (speed, strength, power, agility, balance, conditioning, etc.)?:

What sport specific aspects of your game would you like to see improve after completing this training program?:

What are your athletic career goals (Varsity, College, Pro, etc.)?: OPTIONAL FOR YOUTH/ MIDDLE SCHOOL

Do you have any physical limitations or concerns that we should be aware of (major injuries, nagging injuries, previous surgeries, asthma, heart conditions, etc.)?

Does the participant have chest pain, dizziness, fainting, during or after exertion? _____

Parent's Names (if under 18 years old) : _____

Parent Email Address: _____

Phone #: _____

Personal Email Address: _____

Phone #: _____

Home Address: _____

Health Insurance Provider: _____ Policy #: _____

Liability Release Form

I, being **18 years of age or older**, do for myself (and for or on behalf of my child participant, if said child is not of age or older) do hereby release, forever discharge and agree to hold harmless **Rochester Hockey Academy, LLC, Nathan J. VanKouwenberg, Rory Fitzpatrick**, or any other subcontracted trainer, or employee of Rochester Hockey Academy, LLC, or Next Level Strength & Conditioning, while participating in supervised, or independent fitness training at the Next Level Strength and Conditioning training facility at Thomas Creek Ice Arena in Fairport, NY, or at any other location, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said participant is participating in the above described activities. I (and/or the child participant) am aware that Nathan J. VanKouwenberg, Rory Fitzpatrick and other trainers are not licensed physical therapists or trained medical personnel and am participating in this program voluntarily at my own risk and for recreational purposes only. I acknowledge that fitness training may be strenuous and that a physician's examination and approval should be obtained prior to beginning any fitness program. I accept all responsibility for my (and/or the child participant's) health and any resultant injury that may occur during any Next Level Strength and Conditioning training session. I (and/or the child participant) also give Next Level Strength and Conditioning permission to take and post pictures of me (and/or the child participant) participating in fitness activities for marketing purposes only.

Print name of participant _____

Participant's Date of Birth _____ Age of Participant _____

Date of last physical: _____ Primary Care Physician: _____

Emergency Contact _____ Phone Number _____

Participant's Signature _____ Date _____

Signature of Parent or Legal Guardian (if participant is under 18 years of age):

_____ Date _____