

ATHLETIC BASED TRAINING ATHLETE EVALUATION

Name: _____ **Age:** _____ **Date of Birth:** _____ **Grade** _____ **Date** _____
Address: _____ **City, State:** _____ **Home Phone:** _____
Sport: _____ **Position:** _____ **Parents Name(s)** _____
Phone: _____ **E-Mail:** _____
Goals: _____
Injuries: _____

Please enroll the above individual in the Sports Performance program. I understand that, Athletic Based Training, or anyone employed by the facility will not assume responsibility for accidents incurred as a result of participation in the program. I attest that the athlete is in good health and is able to participate in rigorous physical activity at Athletic Based Training. In the event of an injury, Athletic Based Training has my permission to administer emergency first aid. I understand that sessions are non-refundable, non-transferrable, and have a definitive start and end date.

Signed _____
 Signature of athlete or parent/guardian if under 18 years of age

Notes: _____

Class Recommendation: _____

I. Muscular Endurance:

Chin Ups (Palms Facing) _____

II. Vertical Jump

Jump	
Reach	
Net Vert.	

III. 5 Hop

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IV. Speed 10yd & Agility 5-10-5

10 yd	10yd	5-10-5	5-10-5
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V. VO₂ Max – Beep Test

Level: _____ Cones: _____ Projected VO₂ Max: _____

VI. Running Mechanics:

Arms: _____ Legs: _____

Feet: _____ Head: _____

VII Flexibility

Sagittal Hamstring R ___ L ___ Medial Hamstring R ___ L ___ Psoas R ___ L ___ Piriformis R ___ L ___