



## NSCA Human Performance Center REGISTRATION FORM

(Please Print)

Today's date:			Sport:			
<b>ATHLETE INFORMATION</b>						
Athlete's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Cell no.: (    )	Home phone no.: (    )		
P.O. box:	City:	State:		ZIP Code:		
Sport:	Coach:			E-mail address:		
Name of Primary Care Physician:			<input type="checkbox"/> MD <input type="checkbox"/> DO		Orthopedic: <input type="checkbox"/> MD <input type="checkbox"/> DO	

<b>SPORT/TRAINING HISTORY</b>						
Primary Sport:	Position/Event	Organization:		Level:		
Secondary Sport:	Position/Event	Organization:		Level:		
Have you ever participated in strength and conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long?		How many times per week?		
Please indicate what type:		<input type="checkbox"/> Conditioning	<input type="checkbox"/> Weight training	<input type="checkbox"/> Yoga	<input type="checkbox"/> Pilates	<input type="checkbox"/> Aerobics
<input type="checkbox"/> Olympic Lifts	<input type="checkbox"/> Plyometrics	<input type="checkbox"/> Speed	<input type="checkbox"/> Agility	<input type="checkbox"/> Other		
Recent Injuries:	Chronic problems:					
Treated by:	<input type="checkbox"/> MD/DO	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> ATC	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Name of Physical Therapist (if applicable):		Name of Chiropractor (if applicable):				
Name of Athletic Trainer (if applicable):						

<b>IN CASE OF EMERGENCY</b>		
Name of local friend or relative:	Relationship to Athlete:	Contact phone no.: (    )
The above information is true to the best of my knowledge.		
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>