



REGISTRATION FORM

(Please Print)

Today's date:				Sport:					
ATHLETE INFORMATION									
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 #: ()			Home phone #: ()			
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	

SPORT/TRAINING HISTORY								
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"/> Strength Training	<input type="checkbox"/> Olympic Lifts	<input type="checkbox"/> Yoga	<input type="checkbox"/> Pilates	<input type="checkbox"/> Aerobics		
<input type="checkbox"/> Conditioning	<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):								

IN CASE OF EMERGENCY				
Name of local friend or relative:			Relationship to Athlete:	Contact phone #: ()
The above information is true to the best of my knowledge.				
<hr style="width: 100%;"/> <i>Signature</i>			<hr style="width: 100%;"/> <i>Date</i>	