

All Athlete Information Is Confidential

Please fill out the information below with as much detail as possible, a fully completed form will help our staff better meet your individual needs as an athlete. If you have any questions filling out this form please contact us at info@sportslabbrighton.com or 810-229-7019.

Please return the completed form to brad@sportslabbrighton.com, or mail to SPORTS LAB 8571 W. Grand River, Brighton, MI 48116.

Personal Information

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Daytime Phone _____

Evening Phone _____ Mobile Phone _____ Fax _____

Best phone number to reach you: Daytime ____ Evening ____ Mobile ____

Email address _____ Additional Email _____

Marital Status: Single _____ Married _____ Spouse's Name _____

Occupation _____ Number of Hours Worked per Week _____

Student _____ Grade _____ Name of Academic Institution _____

How did you hear about SPORTS LAB? _____

What sport would you like to improve or participate in? _____

Athletic History

1. Please describe your athletic history, include all sports and activities, and to what level of competition: (for example; high school basketball; three years varsity) _____

2. Please indicate any injuries either current or past: _____

3. Please list those sports in which you are currently competing: _____

4. Please describe your resistance training history? _____

Free Weights? _____ Number of times per week _____

5. Please tell us what you would consider to be your Athletic Strengths: _____

6. Please tell us what you would consider to be your Athletic Weaknesses: _____

7. Any additional information you would like to share with us regarding your athletic history? _____

Training History (if applicable)

1. Please provide a brief snapshot of your current weekly training schedule, please include intensities and duration:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

2. Do you have a training log available for our coaching staff to review? _____

3. How many hours a week do you have available to train? _____

4. What time of day do you typically train? Morning _____ Mid-Day _____ Evening _____

5. Please list all equipment you currently are using for your sport (s):

6. **Are you currently using a heart rate monitor?** Yes _____ No _____

7. Are you currently working with any other coaches?

Coach _____ Sport _____ Phone _____

Coach _____ Sport _____ Phone _____

8. Are you taking any nutritional supplements or sports supplements; please list:

9. Please describe your hydration habits throughout the day including before, during and after sport. If you are drinking any sport drinks be sure to include those: _____

10. Any additional comments you would like us to know about your Training History? _____

Goals

1. What motivates you to continue to pursue your sport? _____

2. Please list your Long and Short Term goals:

Long (1- 2 years):

Short-Term (1-6 months)

3. Please tell us about any other goal related information that you would like to share: _____

Health History

1. Have you or anyone in your family had any form of heart disease? Yes _____ No _____

If Yes, please describe

2. Do you ever experience any chest, shoulder, neck or arm pain after exercise? Yes _____ No _____

3. Do you ever feel faint, dizzy or light headed after exercise? Yes _____ No _____

4. Do you have high blood pressure? Yes _____ No _____

5. Are you taking any medications? Please List

6. Do you suffer from any of the following:

_____ Heart Murmur _____ Joint or back pain _____ Other

_____ Chronic Pain _____ Food Allergies

_____ High Cholesterol _____ High Blood Pressure

_____ Diabetes _____ Thyroid Condition

If yes, please explain:

7. Have you ever smoked? If you've quit, when? _____

8. Please list any hospitalizations or surgery in the last 12 months:

9. Are you now, or have you been pregnant in the last three months? Yes _____ No _____

10. Please list any other health history or medical conditions you think we should know about: _____
