

About Me

Athlete Information

Athlete's Personal Information

Full Name: _____ Date of Birth (DD/MM/YYYY): _____

Gender: Male Female Other

Home Address:

Phone Number: (____) _____ Email Address: _____

Parent's Contact Information

- Full Name: _____
- Phone: (____) _____ Email Address: _____

- Full Name: _____
- Phone: (____) _____ Email Address: _____

If Athlete is under 18, who will be attending the sessions with the athlete?

Mother Father Both

Medical Information

- Do you have any allergies? Yes No
- If yes, please specify: _____
- Are you currently taking any medications? Yes No
- If yes, please list: _____
- Do you have any chronic conditions or injuries? Yes No
- If yes, please describe: _____
- Do you have any Dietary restrictions? Yes No
- If yes, please describe: _____
- Have you seen a Dietitian or Nutritionist before? Yes No
- Do you have any other information you'd like to share:
• _____
• _____
• _____

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Athletic Background

Primary Sport: _____ Years of Experience: _____

Current Team/Club: _____ Position/Role: _____

In Season Training Frequency (per week): _____

Any Sport Specific Injuries? (type and date): _____

Secondary Sport: _____ Years of Experience: _____
(If applicable)

Current Team/Club: _____ Position/Role: _____

In Season Training Frequency (per week): _____

Any Sport Specific Injuries? (type and date): _____

Secondary Sport: _____ Years of Experience: _____
(If applicable)

Current Team/Club: _____ Position/Role: _____

In Season Training Frequency (per week): _____

Any Sport Specific Injuries? (type and date): _____

Current Training Schedule

What does your current week look like?

Include practices, games/meets, personal training... any activities & duration.

- **Monday** _____
- **Tuesday** _____
- **Wednesday** _____
- **Thursday** _____
- **Friday** _____
- **Saturday** _____
- **Sunday** _____

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Goals and Expectations

- What does your current week look like with practices, trainings, or games/meets?

- Outside of your team practices and games/meets what other things do you do to gain a competitive edge

- How important is it to you to excel in your sport? Why?

- How would you rate your current Nutrition on a scale of 1-10?
1 = Very poor diet, 5 = Mix of whole foods and processed foods 10 = Super Clean Very Nutritious

- How would you rate your current Nutrition KNOWLEDGE on a scale of 1-10?
1 = Unknowledgeable but ready to learn, 5 = I have some knowledge, but have much to learn 10 = Very knowledgeable, but I want to learn more!

- What is your WHY for taking this course? (what is you motivating factor)

- What do you hope to gain from taking this course?

Your Availability

* Please highlight or circle **ALL times** that typically work with your schedule
 **this does not guarantee a time or day, it just helps with scheduling so I know your general availability.

Preferred **Virtual** Session Times

| | | | | |
|-----------|-------------|-------------|-------------|-------------|
| Monday | | | 6:00-6:45pm | |
| Tuesday | 3:15-4:00pm | 4:00-4:45pm | 6:00-6:45pm | 6:45-7:30pm |
| Wednesday | | | 6:00-6:45pm | |
| Thursday | 3:15-4:00pm | 4:00-4:45pm | 6:00-6:45pm | 6:45-7:30pm |
| Friday | | | | |
| Saturday | | | | |

Preferred **In-Person** Session Times

| | | | |
|-----------|--------|--------|-------|
| Monday | | | 3-6pm |
| Tuesday | | | |
| Wednesday | | | 3-6pm |
| Thursday | | | |
| Saturday | 9-12pm | 12-3pm | 3-6pm |
| Sunday | | 12-3pm | |