

Date: \_\_\_\_\_



## Sports Performance Pre-Screening Questionnaire

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Position(s): \_\_\_\_\_

School/ Team(s): \_\_\_\_\_

Training Experience (how long, where, type of programs, etc.): \_\_\_\_\_

What are your performance based strengths (speed, strength, power, agility, balance, conditioning, etc.)?:

\_\_\_\_\_

What are your performance based weaknesses (speed, strength, power, agility, balance, conditioning, etc.)?:

\_\_\_\_\_

What sport specific aspects of your game would you like to see improve after completing this training program?:

\_\_\_\_\_

What are your athletic career goals (Varsity, College, Pro, etc.)?: OPTIONAL FOR YOUTH/ MIDDLE SCHOOL

\_\_\_\_\_

Do you have any physical limitations or concerns that we should be aware of (major injuries, nagging injuries, previous surgeries, asthma, heart conditions, etc.)?

\_\_\_\_\_

\_\_\_\_\_

Does the participant have chest pain, dizziness, fainting, during or after exertion? \_\_\_\_\_

Parent's Names (if under 18 years old) : \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Liability Release Form

I, being 18 years of age or older, do for myself (and for or on behalf of my child participant, if said child is not of age or older) do hereby release, forever discharge and agree to hold harmless **Next Level Strength & Conditioning, LLC, Nathan J. VanKouwenberg**, or any other owners, subcontracted trainers, or employees of Next Level Strength & Conditioning, LLC, while participating in supervised, or independent fitness training at the Next Level Strength and Conditioning training facility at in Fairport, NY, or at any other location, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said participant is participating in the above described activities. I (and/or the child participant) am aware that Nathan J. VanKouwenberg and other Next Level trainers are not licensed physical therapists or trained medical personnel and am participating in this program voluntarily at my own risk and for recreational purposes only. I acknowledge that fitness training may be strenuous and that a physician's examination and approval should be obtained prior to beginning any fitness program. I accept all responsibility for my (and/or the child participant's) health and any resultant injury that may occur during any Next Level Strength and Conditioning training session and agree to hold harmless and indemnify Next Level Strength & Conditioning, LLC, including owners, and any other Next Level employee or sub-contracted trainer. I understand that Next Level Strength & Conditioning, LLC are not responsible for supervision outside of set training times. I (and/or the child participant) also give Next Level Strength and Conditioning permission to take and post pictures and videos of me (and/or the child participant) participating in fitness activities for marketing purposes only.

Print name of participant \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_ Age of Participant \_\_\_\_\_

Date of last physical: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian (if participant is under 18 years of age):  
\_\_\_\_\_ Date \_\_\_\_\_