

HP: TRAINING ASSESSMENT FORM

ATHLETE: _____

Parents Names:

Phone numbers:

Email address:

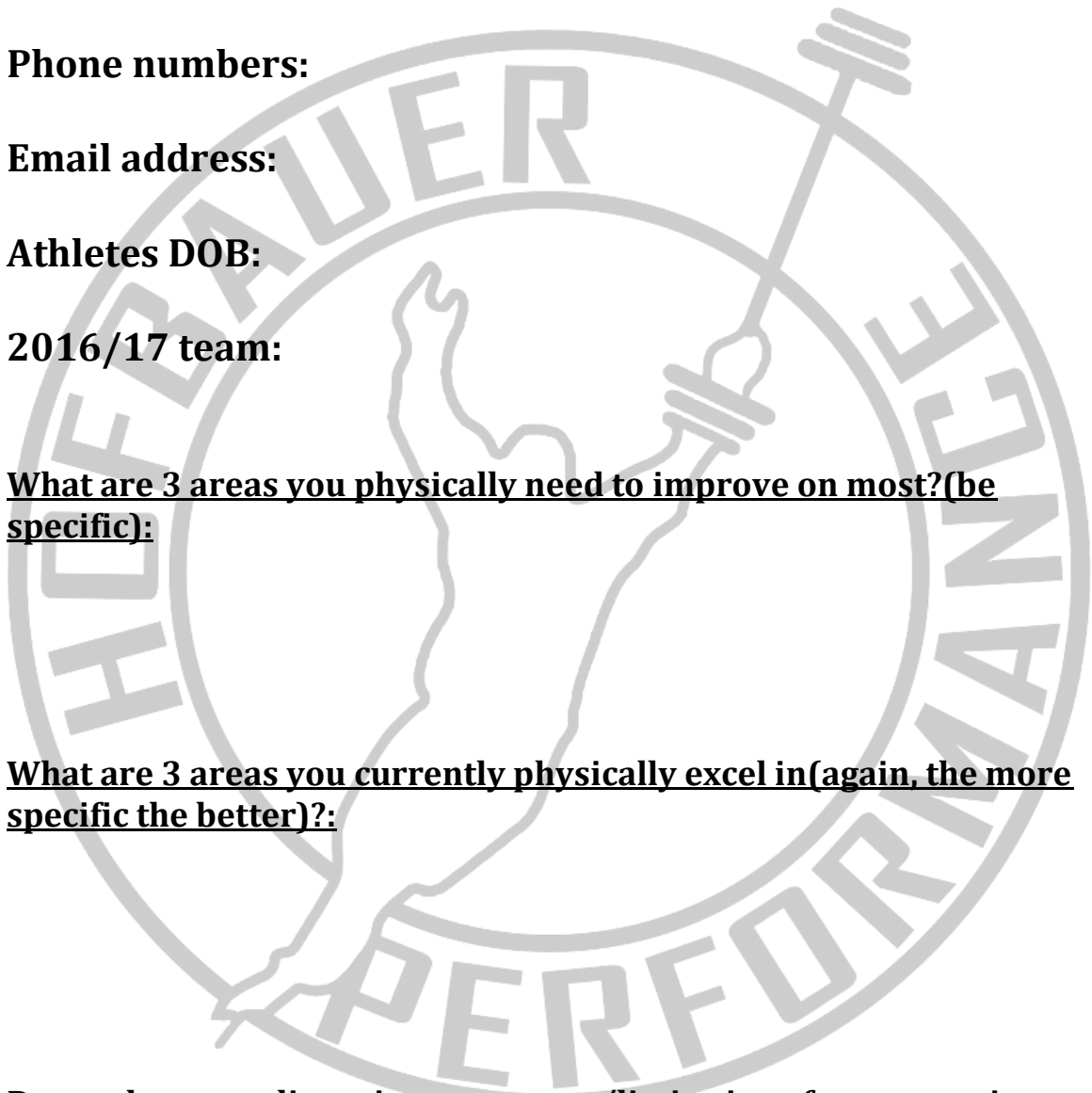
Athletes DOB:

2016/17 team:

What are 3 areas you physically need to improve on most?(be specific):

What are 3 areas you currently physically excel in(again, the more specific the better)?:

Do you have any lingering symptoms/limitations from a previous injury?



Typically after a tough practice/games where are you the most sore? How long does it typically last?

In the past season during a game or practice can you think of a specific time in which you lacked the physical strength, speed, quickness, etc to accomplish a specific task? Explain:

