

Personal Performance Assessment



Sutton Sports
www.suttsysports.com

Personal Performance Objectives

1. _____
2. _____
3. _____

Medical History

Have you had any past medical issues and/or complications (including injuries)? If so, what?

What would you say your average daily activity level is in hours? Weekly?

Have you had any surgeries in the past year? If so, on what?

Are you on any special diets or medication regimens? If so, what?

Athlete Registration / Parent Contact

Athletes Name: _____

Email: _____

Age: _____ Phone H or C: _____

Parents Name: _____

Athletic Background

Age: _____ Level: _____

Sport(s): _____

Position(s): _____

Areas of Improvement:

- | | |
|--|----------------|
| <input type="checkbox"/> Agility | Skating |
| <input type="checkbox"/> Explosiveness | Shooting |
| <input type="checkbox"/> Power | Stick handling |
| <input type="checkbox"/> Reaction Time | Contact |
| <input type="checkbox"/> Speed | Passing |
| <input type="checkbox"/> Strength | One -Timers |

Personal Review

How long have you wanted to begin training?

Are you prepared to commit 3-6 hours per week to training?

Is family prepared to support your training? (Including nutrition, transportation/finance, and rest) _____

What are your goals, what do you want to get from the training?

Convenience

Days: M T W Th F Sat Sun

Hours (between 9 a.m. and 10 p.m.):
