



**SPORTS PERFORMANCE CENTER**

**REGISTRATION**

***CONTACT INFORMATION***

Parents Name:	Home Phone:
Athletes Name:	Work Phone:
Address:	Cell Phone:
	E-mail:
City:	Athletes DOB:
State:	Athletes Age:
Zip:	Athletes Grade:
	School District:

***ATHLETE SPORTS***

Baseball_____	Golf_____	Soccer_____	Track_____
Basketball_____	Gymnastics_____	Softball_____	Volleyball_____
Field Hockey_____	Hockey_____	Swimming_____	Wrestling_____
Football_____	Lacrosse_____	Tennis_____	Other_____

***SCREENER***

*What are your son's/daughter's Goals?*

---



---

*Has your son/daughter recently suffered any injuries?*

---



---

***HOW DID YOU HEAR ABOUT US?***

Newspaper Ad	_____	
Radio	_____	
Coach Referral	_____	Coaches Name:_____
Athlete Referral	_____	Athletes Name:_____
Camp	_____	
Word of Mouth	_____	
Website	_____	