

APPLICATION

INDIGENOUS YOUTH ATHLETE TRAINING PROGRAM (AGES 13-18)

First Name: _____ Last Name: _____

DOB: _____ Address: _____

Phone Number _____ Email Address: _____

Sport(s): _____ Team: _____

Coach Name: _____ Coach Phone: _____

Coach Email: _____

Please list your most notable competition results from the past 2 years:

What are your sport(s) goals?

On a scale of 1-5 (1 is low 5 is high) please circle your overall fitness level

1 2 3 4 5

On a scale of 1-5 (1 is low and 5 is high, please circle your overall experience with non-sport specific training (weight training, energy systems, agility etc)

1 2 3 4 5

How will this training program assist you in achieving your high performance goals?
