

ATHLETE INTAKE FORM for TESTING

Last _____

Primary Sport(s) _____

First _____ MI _____

Coach(s) _____

Pronouns ___ he/him ___ she/her ___ them/they

Email _____

Add to LBE mailing list? ___ Yes ___ No

Team or Club(s) _____

Mobile Phone _____

May we Text/SMS? ___ Yes ___ No

Emergency Contact _____ Relationship _____ Phone _____

What are your training and performance goals? _____

Upcoming athletic events or races? _____

What is your endurance training and experience? _____

What services are you interested in? _____

Any current health concerns, medications or injuries that we should know about? _____

Allergies _____

Emergency medications _____

Any past health issues or injuries that may be relevant? _____

Gender _____ Date of Birth (mm/dd/yyyy) _____ Current Age (yrs) _____

Weight _____ lbs, or _____ kg Height _____ ft'in", or _____ cm

Body Fat % _____ Date Measured _____ Method _____

Participant Name _____ Signature _____ Date: _____

If Participant is under the age of 18, this form must also be signed by a parent or legal guardian:

Parent/Guardian Name _____ Signature _____ Date: _____

