



## Athlete Intake Form

### Athlete Profile

<b>Athlete Name:</b>	<u>Name</u>	<b>Date of Birth:</b>	<u>00 / 00 / 00</u> (mm/dd/yy)
<b>Gender:</b>	<b>Height (cm):</b>	<b>Weight (lbs):</b>	
<b>Email Address:</b>			
<b>Home Address:</b>			
<b>Phone:</b>	( ) - (home) ( ) - (cell) ( ) - (work)		
<b>Fax:</b>	( ) -	<b>Best way to contact you:</b>	
<b>Sport:</b>		<b>Position:</b>	
<b>Coach Name:</b>	<u>Name</u>	<b>Phone:</b>	( ) -
<b>Parent/Guardian Name(s):</b>	<u>Name</u>	<b>Phone:</b>	( ) - ( ) -

### Support History

Have you ever worked with a:      Yes/No      Where?      When?      How? (Individual, Team, One Time Seminar, Etc)

<b>a. Sport Psychologist?</b>	Yes/No			
<b>b. Strength and Conditioning Coach?</b>	Yes/No			
<b>c. Nutritionist or Dietitian?</b>	Yes/No			

**Schedule \***

**\*Please attach copies of your competitive and practice schedule if you have them**

**Competitive Schedule:** Outline your competitive schedule. Include the **date and time, location, and rank** the importance (1 = not very important, 5 = extremely important)

<u>Date</u>	<u>Locations</u>	<u>Importance (1-5)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Practice Schedule:** Outline your current weekly practice schedule. When (time), where, type (sport specific, resistance training, on field/ice/etc.) and the dates that you practice on a regular basis.

<u>Day(s) of the Week</u>	<u>Type</u>	<u>Time</u>	<u>Location</u>	<u>Time Frame (Dates)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List other scheduling commitments outside of your sport that we need to be aware of (work, other sport, volunteer, etc)? \_\_\_\_\_

**Exercise History**

What's your most enjoyable physical activity? \_\_\_\_\_

List all available Facilities and/or Equipment available to you. \_\_\_\_\_

Has your physical activity level changed over the last year, and how? \_\_\_\_\_

Has your weight changed in the past 6 months? Yes or No? Past year? Yes or No?

If yes, how has it changed (up, down) and why? \_\_\_\_\_

**Medical Profile**

<b>Alberta Health Care# :</b>			
<b>Emergency Contact:</b>	<u>Name</u>	Relation :	
<b>Phone # :</b>	( ) - (home)	( ) - (cell)	
	( ) - (work)		
<b>Family Doctor:</b>	<u>Name</u>	Phone #: ( ) -	
<b>Medical History:</b> (including blood tests showing deficiencies in iron, zinc or vitamin B12)			
<b>Past/current Injuries (sports or otherwise):</b>			
<b>Surgeries or Procedures:</b>			
<b>Allergies</b>	What you are allergic to:	Your reaction to each:	
<b>Medications, Supplements/Vitamins</b>	Please list all medications, over the counter or otherwise, and if you are currently taking any vitamins, herbs, caffeine, creatine, amino acids or other dietary supplements (i.e. powders, pills, foods, or drinks)		
<b>Name</b>	Amount	Frequency of Use	Reason


**Activity Record**

Describe the activities you do throughout a normal week.

Example: (Weights / Cardio) = Exercises, Sets, Reps, Rest Periods, Intensity and Rate of Perceived Exertion after each Set (1-10, 10 being hardest).

Day of Week	Time of Day	Activity and Intensity	Number of Minutes Spent
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

**Sleep History**

Over the past week, what was your average amount of sleep/night? \_\_\_\_\_

Over the past month, what was your average amount of sleep/night? \_\_\_\_\_

Would you classify your sleep patterns as restful/restless? \_\_\_\_\_

Do you wake up during the night? If so how many times? \_\_\_\_\_

Do/Have you taken sleep aids? \_\_\_\_\_

**Sport Nutrition**

Who shops for and prepares most of your meals? \_\_\_\_\_

Please list any diet restrictions and their reasons that you has not already been included in your medical profile (e.g. lactose intolerant, vegetarian, vegan, Kosher, gluten-free):  
\_\_\_\_\_

On a scale of 1 -5 (1 = poor, 5 = excellent) how would you rate your ability to cook? \_\_\_\_\_

**Pre-training Eating Plan**

Do you hydrate before a game or hard training session? Yes or No? Explain how much you drink, what you drink and when you drink: \_\_\_\_\_

What do you typically eat before a game or long training session? (eg. Favorite meal?)

Game Time: \_\_\_\_\_ Eating Time: \_\_\_\_\_

Food: \_\_\_\_\_ Amount (cups): \_\_\_\_\_

**During Exercise**

Do you drink during practice?  Yes or  No? If yes, how much and what do you drink?  
\_\_\_\_\_

Do you drink during a Game?  Yes or  No? If yes, how much and what do you drink?  
\_\_\_\_\_

**Recovery Eating Plan**

Do you drink after practice?  Yes or  No? If yes, how much and what do you drink?  
\_\_\_\_\_

What do you typically eat after a game/hard practice, how much and how soon after completing the exercise:

Game End Time: \_\_\_\_\_ Eating Time: \_\_\_\_\_

Food Item:	Amount:	Carb Content:
<i>(Ex. Granola Bar)</i> _____	<i>2 bars</i> _____	<i>23g</i> _____
_____	_____	_____
_____	_____	_____

**Hydration**

Do you lose weight during practice/game?  Yes or  No? If yes, how much? \_\_\_\_\_

Do you do anything to try to regain this weight?  Yes or  No? If yes, what?  
\_\_\_\_\_

Have you ever had problems with muscle cramping?  Yes or  No?

Do you have problems with excessive sweating/feelings of warmness during a game?  Yes or  No?

Do you experience extreme coldness during a game?  Yes or  No?

**Food Record**

Use the forms provided on the next pages to keep track of all the food you eat for **3 to 5 days**. Then bring the food record with you to your appointment with the dietitian. Try to be as honest as possible. Don't change your diet just because you are tracking it. This will let us give the most appropriate advice to help you achieve your goals.

Be sure to include as many details about:

- The times you eat at.
- What foods you eat. Include food and candies.
- The fluids you consume. Include water, coffee, tea, juice, pop, and no sugar added drinks.
- The amount of each food (e.g. cups, tablespoons, or ounces).

For example:

Time of Day	Food	Drinks
9:30 am	1½ cups corn flakes 1 scoop whey protein (gives 21 grams of protein) 1 white toast 1 tsp Becel margarine 1 Tbsp strawberry jam	1 cup of 2% milk 2 cups water

Date: \_\_\_\_\_

What time do you wake up? \_\_\_\_\_

Time of Day	Food	Drinks

What time do you go to bed? \_\_\_\_\_

Date: \_\_\_\_\_

What time do you wake up? \_\_\_\_\_

Time of Day	Food	Drinks

What time do you go to bed? \_\_\_\_\_

Date: \_\_\_\_\_

What time do you wake up? \_\_\_\_\_

Time of Day	Food	Drinks

What time do you go to bed? \_\_\_\_\_

## Mental Skills Training

<p>Rate yourself on each item where '1' = <u>definitely don't need to improve</u>, '3' = <u>somewhat</u>, and '5' = <u>definitely need to improve</u>.</p>		<p>Please write any additional thoughts or comments here.</p>	<p>Please place an 'X' in this area if you would like to work on this area with a Mental Skills Coach.</p>
<p><b>Example Question</b></p>	<p>1</p>	<p>Any relevant info</p>	<p>X</p>
<p><b>COMPETITIONS - Would you say that just before or during a competition, you need to improve at:</b></p>			
<p>Thinking positive thoughts?</p>			
<p>Tuning out negative thoughts?</p>			
<p>Staying relaxed and not getting too nervous just before the game?</p>			
<p>Staying relaxed and not getting too nervous in pressure situations?</p>			
<p>Maintaining/regaining your confidence in difficult situations?</p>			
<p>Maintaining your concentration on the task at hand?</p>			
<p>Blocking out distracters over which you have no control?</p>			
<p>Blocking out what people might say if you lose or do not perform well?</p>			
<p>Blocking out distracters that do not involve your sport?</p>			
<p>Refocusing after you get distracted for any reason?</p>			
<p>Staying energized in difficult situations?</p>			
<p>Communicating tactically with teammates?</p>			
<p>Identifying and reacting to your opponents' weaknesses, and making adjustments as the game progresses?</p>			
<p>Being assertive when the opportunity presents itself?</p>			

Managing troublesome emotions?			
Giving 100% effort when there are excuses not to?			
<i>Rate yourself on each item where '1' = <u>definitely don't need to improve</u>, '3' = <u>somewhat</u>, and '5' = <u>definitely need to improve</u>.</i>		<i>Please write any additional thoughts or comments here.</i>	<i>Please place an 'X' in this area if you would like to work on this area with a Mental Skills Coach.</i>
Setting challenging yet attainable goals for the game?			
Preparing and following a detailed pre-competition and competition plan?			
Communicating your pre-competition needs to others?			
Staying supportive of and praising teammates' performance?			
<b>IMMEDIATELY AFTER A MATCH - Would you say that you need to improve at:</b>			
Evaluating your mental preparation and playing performance for that game?			
Putting aside a poor performance and focusing on the next game?			
Remembering the good things that happened, so that you can incorporate them into mental preparation for the next game?			
Communicating with your coach?			
Learning from your mistakes so that you can improve?			
<b>PRACTICES - Would you say that at practices you need to improve at:</b>			
Setting specific physical, technical, tactical, and mental goals for every practice?			
Keeping a written record of progress in meeting your goals?			
Arriving at practice totally committed to doing your best?			
Setting challenging yet attainable goals for the match?			
Preparing and following a detailed pre-competition and competition plan?			

<p><i>Rate yourself on each item where '1' = <u>definitely don't need to improve</u>, '3' = <u>somewhat</u>, and '5' = <u>definitely need to improve</u>.</i></p>		<p><b><i>Please write any additional thoughts or comments here.</i></b></p>	<p><b><i>Please place an 'X' in this area if you would like to work on this area with a Mental Skills Coach.</i></b></p>
Maintaining your concentration, especially when practice is long, repetitive, or uninteresting?			
Maintaining your effort and focus, especially when you're tired or do not feel like being there?			
Making better use of the full practice time?			
Staying positive when a practice doesn't go well?			
Remaining positive when an injury forces you to stop training?			
Improving your consistency and fine-tuning the skills you can already perform rather than just going through the motions?			
Working more on skills weaknesses?			
Not worrying about what other players are doing or how much playing time they are getting?			
Using key words and self-talk to improve your skills?			
Making better use of visualization/mental rehearsal to improve skills?			
Giving 100% effort and concentration to the task at hand, in order to have quality practices?			
Doing game simulations, and making them as realistic as possible?			
Using mental imagery, key words, and self-talk before and during game simulations?			

**Waiver/Release of Liability and Photo Release Form**

I, \_\_\_\_\_ hereby grant permissions to the Alberta Sport Development Center (hereby after known as the ASDC) and its employees, partners, volunteers, instructors, agents or representatives (the "Released Parties") to correspond with my physician, coach and/or parent to obtain information relevant and pertinent to my participation in the activities and programs of the ASDC. I acknowledge that information obtained will be held in confidence by the ASDC and its Released Parties. Any information gathered by the ASDC whether personal or otherwise will be protected and disseminated as found appropriate by the Manager of the ASDC within the regulations of the appropriate FOIPP act.

I hereby grant permissions to the ASDC to the right to reproduce, use, exhibit, display, broadcast and create derivative works of any photographed or videotaped images of me for use in connection with the activities of the ASDC or their partners for promoting, publicizing or explaining the ASDC, its partners or its programs. This grant includes, without limitations, the right to publish such images in newspapers, magazines, PR/promotional materials, advertisements, fund-raising materials and any other related publication. These images may appear in a variety of formats and media available to the ASDC and its partners including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

I will not hold the ASDC or its employees responsible for any complications which result from involvement in any program or activity by the ASDC. By signing this I waive the right and all claims I have now and in the future and release all liability from the ASDC and the Released Parties for any injury, death and property damages, expenses or loss sustained by me as a result in participating in the activities and programs of the ASDC due to any cause whatsoever, including but not limited to, negligence of the Released Parties.

By signing this I certify that I am physically fit and able to participate in physical activities involved in the programs of the ASDC. If such a time comes that I become injured, ill, or experience any other detriment to my health I will immediately seek the appropriate medical care and inform the appropriate parties at the ASDC.

Clients Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Release**

I acknowledge that I have read this Waiver/Release of Liability and that I understand the words and language in it. By signing this I agree with the terms and stipulations of the Waiver/Release of Liability and am agreeing to these terms on behalf of said minor. I also understand that this Waiver/Release of Liability is valid for the duration of time that this minor participates unless rescinded through my written instructions.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_