



EFFECTUS
ATHLETE DEVELOPMENT

"Performance without limits"

EFFECTUS CLIENT INFORMATION FORM

Athlete Information

Name:
Date of Birth:

Current Address

Street:	City:	Prov:	Postal Code:
Telephone Number (h)	(cell)		
Email:	Parent/Guardian Email:		

Sport Participation

Sport	Position Played	Years of Participation	Highest Level Played	Coach Name	Coach Phone	Coach Email

Do you suffer from any injuries? Please list and describe them in detail including the nature of the injury, severity, and when it was sustained.

Allergies:

Emergency Contact

Name:			
Street:	City:	Prov:	Postal Code:
Telephone Number (h)	(cell)		
Relationship			

Goals

	Sport Specific Goals	Individual Physical Training Goals
1		
2		
3		

Please check off how you heard about us:

Brochure	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Website	<input type="checkbox"/>	Coach	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please check the box if you would like to know more about future camps and programs via email (We will not send spam or information that is not relevant to training programs or camps. You may opt out of emails at any time): ☐

Signatures

I acknowledge the information on this form to be accurate and am aware that this information may be used to physically develop this athlete.

Signature of athlete:	Date:
Signature of parent(only if under 18 years):	Date: