



Registration Form  
Liability Waiver

- \$75 a month 2sessions a week (12+team members) per athlete
- \$85 a month 3sessions a week (12+team members) per athlete
- \$95 a month 1sessions a week single athlete
- \$105 a month 2sessions a week single athlete
- \$115 a month 3sessions a week single athlete
- \$125 a month unlimited sessions a week single athlete

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sport: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Classification: \_\_\_\_\_

Professional Employer: \_\_\_\_\_ Professional Occupation: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Referred By: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Risk Factors - (If you answer yes to any —please talk with your doctor about becoming physically active)

1. Has your doctor ever said you have a heart condition and should only do activity recommended by a doctor? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Do you feel pain in your chest when you perform physical activity? YES \_\_\_\_\_ NO \_\_\_\_\_
3. In the past month, have you had chest pain when you were not doing physical activity? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Do you suffer from shortness of breath at mild exertion or have difficulty breathing? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Do you have bone or joint problem that could be made worse by a change in physical activity? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Is your doctor currently prescribing drugs for your blood pressure or heart condition? YES \_\_\_\_\_ NO \_\_\_\_\_
8. Do you know of any other reason why you should not do physical activity? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Are you above 40 years of age and not currently physically active? YES \_\_\_\_\_ NO \_\_\_\_\_
10. Please list any injuries or health conditions that you are aware of?

11. What is your biggest obstacle/s when it comes to getting into performance shape?

12. What are the main goals that you would like to achieve with Precision Athletic Corps Sports Performance Training? (Be specific)



## Personal Wellness Evaluation

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

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

What are Your Current Health Goals? \_\_\_\_\_

What actions are you taking to reach those Goals? \_\_\_\_\_

What Results have you gotten so far? How long did that take? \_\_\_\_\_

What do you eat on a typical day?

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Drinks: \_\_\_\_\_

Are you interested in:

<input type="checkbox"/> Weight Loss/Gain	<input type="checkbox"/> Strength & Power	<input type="checkbox"/> Flexibility & Agility
<input type="checkbox"/> Sports Specifics	<input type="checkbox"/> Speed & Quickness	<input type="checkbox"/> Sports Nutrition
<input type="checkbox"/> Sports Combine Training Program	<input type="checkbox"/> Other: _____	

Wellness Results (Use Lean Protein Estimator):

BMI \_\_\_\_\_ Daily Protein \_\_\_\_\_ Calories Burned at Rest \_\_\_\_\_

Program

Recommendation: \_\_\_\_\_

**CREATE A HEALTHY ACTION PLAN - YOUR SPORTS PERFORMANCE MISSION STATEMENT**

**PUTTING HEALTHY BEHAVIORS INTO PRACTICE**

**WHY A MISSION STATEMENT?** A mission statement is a clear, simple statement of intent.

It's what you want to do. What you want to live. What will guide your nutritional, fitness, and wellness choices everyday.

Now, you're not following some external "rules" made by someone else. You're starting to be accountable to you and your body.

Now, you're the boss. And you have to report to you.

**WE MUST REMIND OURSELVES TO BE WHAT WE WANT TO BE EVERY SINGLE DAY.**

**EVERY NEW HABIT REQUIRES DAILY LABOR AND PRACTICE.**

**"OVER TIME, EACH HABIT BECOMES INGRAINED. BUT WE STILL NEED TO PRACTICE GOOD HABITS. TO ORGANIZE OUR LIVES TO HELP OURSELVES SUCCEED. TO GIVE OURSELVES THE TOOLS AND STRATEGIES WE NEED."**

Your sports performance mission statement is part of that process. It helps keep you centered, and reminds you to cater to the "fit person". Every day, you can remind yourself of who you are, who you want to become, and why you're doing this in the first place.

We suggest you start by throwing out all negative thought processes and excuses.

**How do i make a mission statement?**

Start by revisiting your thoughts from early in our wellness program. Think about:

- Who am I? (And who have I become?)
- What do I stand for?
- What is truly valuable and truly meaningful?
- Why is making healthy choices important to me? How do these choices help me accomplish my purpose in life?
- Where do I want to go, and what behaviors will get me there?
- How will I know if I'm making progress?

Now, see if you can capture the who, what, why, where, and how in a few simple, very clear sentences.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

## **PAC SPORTS PERFORMANCE CLIENT MISSION STATEMENT**

I am a \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_. I choose to keep my body healthy and whole. I will share my knowledge and experience with others. I will ensure that I display meaningful spiritual, mental and physical values as well as foster integrity, and serve as an example to my family, friends and the world.

I am dedicated to living my life positively, creatively and joyfully as well as being open to learning new things. I will eat well, and mindfully, because I know it's right and feels good. I will choose and always be open to all exercises and activities that are fun, hard, easy and difficult, always looking for a challenge no matter what.

I'm an elite athlete created by GOD who needs a strong body – spiritually, mentally and physically for fighting life's obstacles and playing the sport I love. My nutrition fuels my quest for peace, love, happiness and justice. My activities must keep me powerful, grateful and excited about helping other athletes change their lives. I also commit to staying positive and encouraging to myself and my teammates no matter what the situation is.

\_\_\_\_\_  
**Athlete Name (Please Print)**

\_\_\_\_\_  
**Athlete Signature**

\_\_\_\_\_  
**Date**

# CREATE A SUCCESSFUL PLAN OF ACTION FOR AN ELITE ATHLETE - YOUR MISSION STATEMENT

What do elite athletes do? Here's a little exercise that might help you.

## **An elite athlete...**

Fill in the blanks, as many times as you need to. (We're going to assign you five.)

1. An elite athlete chooses to \_\_\_\_\_
2. An elite athlete chooses to \_\_\_\_\_
3. An elite athlete chooses to \_\_\_\_\_
4. An elite athlete chooses to \_\_\_\_\_
5. An elite athlete chooses to \_\_\_\_\_

## **As an elite athlete, I...**

Now, match "elite athlete" with your own values and actions. What could you do every day — maybe even right now — to act on that "fit person" ideal?

1. An elite athlete chooses to \_\_\_\_\_, and therefore to live as a "fit person", I choose to \_\_\_\_\_ today.
2. An elite athlete chooses to \_\_\_\_\_, and therefore to live as a "elite athlete", I choose to \_\_\_\_\_ today.
3. An elite athlete chooses to \_\_\_\_\_, and therefore to live as a "elite athlete", I choose to \_\_\_\_\_ today.
4. An elite athlete chooses to \_\_\_\_\_, and therefore to live as a "elite athlete", I choose to \_\_\_\_\_ today.
5. An elite athlete chooses to \_\_\_\_\_, and therefore to live as a "elite athlete", I choose to \_\_\_\_\_ today.

\_\_\_\_\_  
Athlete Name (Please Print)

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date