Health Questionnaire



Part 1: Athlete Information (Please print clearly)

Athletes Name:	
Date of Birth & Age:	
Address:	
Email (Personal & Parent):	
Phone Number (Personal & Parent):	
Sport(s) (Please include specific positions):	

Part 2: Injury History (Please be as specific as possible)

1.) Have you ever-experienced low back pain? Yes or No
If yes, please describe the pain, how and when it occurred and if it re-occurs.
2.) Have you ever had a shoulder dislocation or subluxation? Yes or No
If yes please explain how, when, either right/left/both, and if you have had surgery?
3.) Have you ever had knee pain or a knee injury? Yes or No
If yes please explain how, when, either right/left/both, and if you have had surgery?
4.) Have you ever had any surgical procedures, incidents or injuries in the past?
For example: Hernias? Concussions? (Please consider recent months) If yes, please describe.
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Who are U?

1.) What's the primary reason for participating in our training program?
2.) What are your hobbies?
3.) What's your favorite food?
4.) What's your stress relieving getaway place or activity?
5.) What are your future athletic goals (i.e. Make the varsity squad, become a starter for your club, receive a collegiate scholarship, etc.)?

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

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including the potential for permaner and while particular rules, equipmer risk, this Program Risk will remain 2. I knowingly and freely assume an	y and all Program Risk(s), whether known e negligence of the Releasees (as defined
3. I willingly agree to comply with a provided to me by UofS or Released agree that if at any time I observe ar The Program or my participation, I immediately bring such to the attent 4. I, for myself and on behalf of my agents and next of kin, hereby release officers, officials, agents, employees participants, sponsoring agencies, spowners and lessors of premises used	consors, advertisers, and, if applicable, to conduct The Program's event or activity age to person or property and with respect h, whether arising or resulting the
RISK AGREEMENT, FULLY UNI THAT I AM GIVING UP SUBSTA RELEASING ANY CLAIMS I MA	F LIABILITY AND ASSUMPTION OF DERSTAND ITS TERMS, UNDERSTAND NTIAL RIGHTS AND WAIVING AND Y HAVE BY SIGNING IT, AND SIGN IT THOUT ANY OTHER INDUCEMENT.
Participant's signature	
Parent's signature (if participant is u	/