



# Beck athletics

## Intake & Waiver

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Sports/Recreations (past & present):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injuries/Illnesses:

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

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

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

Physiotherapist—Name: \_\_\_\_\_ Phone \_\_\_\_\_

Chiropractor—Name \_\_\_\_\_ Phone \_\_\_\_\_

Short Term Goals

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Long Term Goals

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Areas of Concern

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Weekly Training Schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Nutrition (to be completed during consultation)

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_