

NEXT LEVEL
SPORTS PERFORMANCE

Client Information

Athlete Full Name: _____ Birthdate: _____

Home Address: _____

Phone Number: _____ (if applicable)

Parent/Guardian's #1 Name: _____

Parent/Guardian's #1 Number: _____

Parent/Guardian's #2 Name: _____

Parent/Guardian's #2 Number: _____

Email Address: _____

Additional Emergency Contact Name and Relationship: _____

Additional Emergency Contact Number: _____

Known Allergies:

Known Medical Diagnoses:

Known Prior Injuries:

To my knowledge, all the above information is true. I understand that Next Level Sports Performance recommends keeping an up to date physical before participating in any activities.

(If 18+) Athlete Signature: _____ Date: _____

(If minor) Parent/Guardian's Signature: _____ Date: _____