

ATHLETE DEMOGRAPHIC QUESTIONNAIRE

PERSONAL EVALUATION

Name: _____ Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email Address: _____

At which number can we contact you? Home Work Cell

What are the best times to reach you? _____

Birthdate: _____ Age: _____ Gender: Male Female

Height: _____ Weight: _____

Other Personal Information:

Occupation: _____ Hours per Week: _____

Married? Yes No Children? Yes No

How did you hear about these coaching services? _____