

STRONGER STARTS HERE

STRONGERBCSS.CA

BCSS STRENGTH & CONDITIONING PROGRAM REQUEST FORM

ATHLETE PROFILE				
NAME		AGE		GRADE
SPORT(S)		POSITION(S)		
STRENGTH TRAINING EXPERIENCE (BEGINNER, INTERMEDIATE, ADVANCED, ETC.)				

STRENGTH & CONDITIONING GOALS (PLEASE LIST AT LEAST THREE S&C GOALS YOU HAVE)	
1	
2	
3	
HOW MANY TIMES DO YOU INTEND TO TRAIN WEEKLY?	

INJURY HISTORY (PLEASE INCLUDE DETAILS ABOUT CURRENT OR PREVIOUS SPORTS INJURIES)		
INJURY (ONE PER ROW)	DATE OF INJURY	CURRENT? (YES/NO)
HAVE YOU BEEN ADVISED NOT TO PERFORM CERTAIN EXERCISES/DRILLS?		
IF YOU ANSWERED YES ABOVE, PLEASE PROVIDE DETAILS BELOW:		

ATHLETE PERSONAL INFORMATION			
GAPPS EMAIL:			
BCSS ILIP PERIOD (4A OR 4B)		ILIP TEACHER	

STRENGTH & CONDITIONING DEPARTMENT USE ONLY								
FMS SCREEN:	YES / NO	DS ____	HS ____	IL ____	SM ____	LR ____	TS ____	RS ____
NOTES:								

*If you are printing this form, submit it to the athletics office in room 1031- you can also save and email it to derek.virgo@yrdsb.ca. After submitting, you'll receive details for next steps in your **GAPPS email account**.*

PLEASE BE SURE TO PRINT CLEARLY... ESPECIALLY WHEN RECORDING YOUR E-MAIL ADDRESS

