

- Team
- Individual

Rijo Sports Performance

22620 State Route 9 SE, Woodinville, WA 98072

OFFICE USE ONLY:

EVAL: _____
 IP: _____ EIS: _____
 LM: _____ CB: _____

CLIENT INFORMATION FORM

Today's Date: _____ How did you hear about us: _____

Player Name: _____ Player's Date of Birth: _____

Parent/Guardian Name(s): _____

E-mail Address (Please print clearly): _____
Privacy is important to us; therefore, we will not sell, rent or give your name or address to anyone. At any point, you can select the link at the bottom of every e-mail to unsubscribe.

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Alternate phone: _____

School: _____ List any injuries/disease or medications that we should know about: _____

EVALUATION

(TO BE COMPLETED BY TRAINER DOING EVALUATION)

HEIGHT: _____ WEIGHT: _____

FUNCTIONAL MOVEMENT SCREEN

Squat: _____

Hurdle Step: _____

Inline Lunge: _____

Push-Up: _____

Active Straight Leg Raise: _____

Seated Rotation: _____

_____:

FIELD TESTING

Vertical Jump: _____

Broad Jump: _____

20-Yard Shuttle: _____

Med-Ball Toss: R: _____ L: _____

20-Yard Dash: _____

40-Yard Dash: _____

_____:

Athlete's overall goal for the academy: _____

PARENTAL CONSENT AND LIABILITY WAIVER – IMPORTANT – PLEASE READ AND SIGN

I/we, the parents/guardians of the person named above on this, who is a candidate for the position of a Rijo Athletics camp/lesson, hereby give our approval for a duly appointed member of Rijo Athletics to seek or administer emergency first aid or medical attention requested for the safety or well being of my/our child while participating in all the activities of Rijo Athletics Baseball Inc. and/or Rijo Sports, the organizers, sponsors, the supervisors, the attending physician, the hospital or medical group involved in the emergency medical attention or first aid of my/our child. I/we, the parents/guardians hereby give my/our approval for participation in any and all activities of the Rijo Athletics Baseball, Inc. organization. I/we assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities.

SIGNED: _____

DATE: _____

If under age 18, must be signed by a parent or legal guardian.