



# BROCK SPORTS PERFORMANCE

Walker Sports Complex  
1812 Sir Isaac Brock Way  
St. Catharines, ON L2S 3A1

Email: BSP@brocku.ca  
Phone: 905.688.5550 x4082  
Web: brocku.ca/BSP

## Initial Team Questionnaire

### *Team Contact Background*

Name:  
Role:  
Email:  
Phone (Cell):

### *Mailing Address*

Street:  
City/Province  
Postal Code:

At Which Level of Competition (*Highlight all the apply*):

Youth                      High School              University  
Jr Nat'l Team              Sr Nat'l Team              Return to Play Professional  
Masters                      Rehabilitation

Sports Background (Sport, and level of sport)

### Training History

How long has the team utilized a Strength & Conditioning Program to improve sport performance? \_\_\_\_\_

### Athletic Qualities:

Which of the following athletic qualities would you consider **strengths** of your team?

(*Highlight all that apply*)

Speed                                      Balance  
Power                                      Coordination  
Strength                                      Flexibility  
Agility                                      Skill  
Fitness / Conditioning

Which of the following athletic qualities will you require our expertise for **improving**?

(*Highlight all that apply*)

Speed                                      Balance  
Power                                      Coordination  
Strength                                      Flexibility  
Agility                                      Skill  
Fitness / Conditioning

**EXPERIENCE BROCK SPORTS**

**"BUILDING CHAMPIONS"**



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## *For Training:*

How many days per week would your team like to train with our staff on campus?

How many days per week will the team be training off campus?

What days and times is the team available to train at Brock Sports Performance

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

## *For Program Design:*

Which season are you currently in? (*Highlight applicable response*)

In-Season

Off-Season

How long is your competitive season (please provide start and end dates)?



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Please list important dates:

Championships

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Tournaments

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Try outs

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*Please list any additional thoughts you feel would be helpful for us to know:*



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*Please provide a roster list for athletes attending and any additional information that should be noted*

Name	Position	Additional Information



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