

St Croix Sports Performance Athlete Registration

Date: _____

Name (Last) _____ (First) _____ Male/Female

Age: _____ Date of Birth _____

Address: _____
Street City State Zip

Primary email for scheduling information: _____

Parent/Guardian: _____ Cell: _____ Home: _____

Emergency Contact _____ Emergency Phone _____

School: _____

Sports training for: _____

List any health conditions that would limit your participation with us:

Please answer the following questions for us:

1. *As a parent, what are your expectations from the Acceleration program?*

2. *As the athlete, what do you hope to accomplish by training with us?*

Short term goals:

Long term goals:

All athletes/parents/guardians must sign back of this waiver form.