

**AUSTIN SPORTS ACADEMY
ATHLETE/PLAYER BACKGROUND INFORMATION SHEET**



Please complete this brief questionnaire and return to ASA for scheduling your training sessions.

Name:

Age:

Team:

Division:

Primary Position:

Secondary Position:

Why do you (as the player) want to be in this class?

What 3 - 5 goals do you have for your training sessions?

- 1)
- 2)
- 3)
- 4)
- 5)

In your player evaluation, what did your coach recommend you work on? Briefly explain or attach a copy if you received one and want to share.

Email completed form to: admin@austinsportsacademy.com