



**CLIENT/TEAM APPLICATION FORM**

Athlete/ Group Name: \_\_\_\_\_ Individual    Group    Camp Participant  
(Please check one above)

Sport/Team/School: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Contact Address (Please Print) \_\_\_\_\_

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How did you hear about us?

Brochure    Internet    Friend    Coach    TV/Radio    TSE

What activities/sports are you currently involved in?

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What physical goals do you hope to accomplish with the Advantage Sports Performance program?

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Do you have any current injuries or physical limitations?

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What training package are you interested in? (Check One)

8 sessions    16 sessions    24 sessions

What are your preferred days/times for training? (Max. 3 times per week)

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Please complete form and send to:  
Advantage Sports Performance  
880 Elmgrove Rd.  
Gates, NY 14624