REDEFINED GYM

YOUTH ATHLETE TRAINING INTAKE FORM

Ages 6-17 | Coach Thad | gymredefined.com

Parent / Guardian: Please complete this form as accurately as possible. Athlete responses may be completed together when age-appropriate. The information helps create safe, developmentally appropriate training and communication plans.

ATHLETE INFORMATION

Athlete Full Name

Preferred Name / Nickname

Date of Birth

Age

Gender (optional)

☐ Female ☐ Male ☐ Prefer not to say ☐ Self-describe

School

Grade

Height (optional)

Weight (optional)

Preferred communication with the athlete during training

☐ Encouraging and upbeat ☐ Calm and instructional ☐ Direct and challenging ☐ A mix depending on the situation

☐ Not sure yet

PARENT / GUARDIAN INFORMATION

Parent / Guardian Full Name

Relationship to Athlete

Primary Phone Number

Email Address

Secondary Parent / Guardian Name (optional)

Secondary Phone Number (optional)

Preferred method for parent / guardian communication

☐ Text ☐ Phone ☐ Email ☐ Other

Emergency Contact Name (if different from parent / guardian)

Emergency Contact Phone

Emergency Contact Relationship

SPORTS & ACTIVITY BACKGROUND

Is the athlete currently involved in organized sports?

☐ Yes ☐ No ☐ Seasonal / sometimes

If yes, list sport(s), team(s), league(s), and current season.

How many days per week does the athlete currently practice, train, or compete?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

What positions or roles does the athlete play, if applicable?

What other activities does the athlete participate in (PE, dance, martial arts, recreation, etc.)?

How would you describe the athlete's current training experience?

☐ New to structured training ☐ Some experience ☐ Regularly trains ☐ Advanced for age

Has the athlete worked with a coach, trainer, or performance program before? If yes, describe the experience.

TRAINING GOALS

What are the main goals for this athlete?

☐ Build confidence ☐ Improve coordination ☐ Improve speed ☐ Improve agility / change of direction

☐ Improve strength ☐ Improve power / jumping ☐ Improve balance and stability ☐ Improve endurance / conditioning

☐ Improve mobility ☐ Develop healthy exercise habits ☐ Improve sport performance ☐ Prepare for tryouts / season

☐ Return safely after clearance from an injury ☐ Other

What would you most like the athlete to improve over the next 8-12 weeks?

What would success look like for the athlete over the next 6-12 months?

Are there sport-specific skills or physical qualities you want the training to support?

Parent / guardian: how important is consistent training right now?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Athlete (if age-appropriate): how excited are you to train and improve?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

ATHLETE STRENGTHS, CONFIDENCE & MOTIVATION

What does the athlete enjoy most about sports, exercise, or physical activity?

What physical activities or exercises does the athlete enjoy?

Are there activities or exercises the athlete strongly dislikes or feels nervous about?

What are the athlete's biggest strengths right now - physically, mentally, or as a teammate?

What tends to motivate the athlete most (competition, encouragement, goals, fun, teamwork, learning, etc.)?

When the athlete gets frustrated or discouraged, what usually helps them reset?

How does the athlete usually respond to coaching corrections?

☐ Very receptive ☐ Usually receptive ☐ Needs time / reassurance ☐ Can become frustrated ☐ Varies by situation

☐ Not sure yet

Is there anything Coach Thad should know about how the athlete learns, communicates, focuses, or responds to pressure?

SCHEDULE & TRAINING AVAILABILITY

How many training days per week can the athlete realistically commit to?

☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5+ days

Which days are normally best?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Preferred session length

☐ 30 minutes ☐ 45 minutes ☐ 60 minutes ☐ 75 minutes ☐ Depends on age / program

List current school, sports, practice, game, tutoring, or family commitments that may affect training.

Are there upcoming tryouts, tournaments, showcases, seasons, camps, or important dates Coach Thad should know about?

HEALTH & EXERCISE READINESS - PARENT / GUARDIAN

Has a healthcare professional ever told you the athlete has a condition that may affect physical activity or exercise?

☐ Yes ☐ No

If yes, please explain and list any current restrictions or recommendations.

Does the athlete currently have any pain, injury, or physical limitation?

☐ Yes ☐ No

If yes, please explain.

Has the athlete had any previous injuries, fractures, concussions, surgeries, or significant medical events that may affect training?

☐ Yes ☐ No

If yes, please describe, including approximate dates and whether the athlete has been cleared to return.

Has the athlete experienced chest pain with activity, fainting, unexplained dizziness, or unusual shortness of breath?

☐ Yes ☐ No

Has the athlete ever been restricted from sports or physical activity by a physician or other healthcare professional?

☐ Yes ☐ No

If yes, please explain.

Is the athlete currently taking any medication that may be relevant to safe exercise participation?

☐ Yes ☐ No ☐ Unsure

If yes and relevant to training, please explain.

List any allergies, including food, medication, insect, or environmental allergies, and describe the usual reaction.

Does the athlete carry or require access to any emergency medication or device (for example, inhaler or epinephrine auto-injector)? If yes, explain the parent-approved plan.

Is there anything else about the athlete's health, development, or exercise readiness Coach Thad should know?

SLEEP, RECOVERY & DAILY ROUTINE

On most school nights, how much sleep does the athlete get?

☐ Less than 7 hours ☐ 7-8 hours ☐ 8-9 hours ☐ 9-10 hours ☐ 10+ hours ☐ Not sure

How would you rate the athlete's usual sleep quality?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Outside of sports and training, how active is the athlete?

☐ Mostly sedentary ☐ Lightly active ☐ Moderately active ☐ Very active

Does the athlete have any recurring schedule or recovery challenges (late practices, travel, heavy school workload, multiple sports, etc.)?

What does a typical weekday look like for the athlete from school through bedtime?

NUTRITION, HYDRATION & FOOD CONSIDERATIONS

How would you describe the athlete's usual meal consistency?

☐ Often skips meals ☐ Somewhat inconsistent ☐ Usually consistent ☐ Very consistent ☐ Not sure

Approximately how much water does the athlete drink on a typical day?

What does the athlete typically eat or drink before practices, games, or training?

What does the athlete typically eat or drink after practices, games, or training?

Does the athlete have any food allergies, intolerances, dietary restrictions, or strong food aversions?

☐ Yes ☐ No

If yes, please explain.

Are there any nutrition or hydration concerns you would like Coach Thad to be aware of?

COACHING, BEHAVIOR & SAFETY EXPECTATIONS

What type of coaching does the athlete respond to best?

☐ Encouragement and positive reinforcement ☐ Clear step-by-step instruction ☐ Direct accountability

☐ Demonstrations and visual learning ☐ Games / competition ☐ Goal setting and progress tracking ☐ A combination

Are there any behaviors, triggers, sensory concerns, fears, or situations that could affect the athlete's safety or participation?

Are there strategies parents, teachers, or coaches use successfully to help the athlete focus, transition, or follow directions?

Can the athlete independently use the restroom and manage basic personal needs during training?

☐ Yes ☐ No ☐ Needs occasional assistance / reminders

Are there any custody, pickup, release, or authorized-adult restrictions Coach Thad must follow?

List the names of adults authorized to pick up the athlete, if applicable.

PARENT / GUARDIAN PRIORITIES

Why are you enrolling your child in Redefined Gym youth training?

What is your biggest concern or challenge regarding your child's current fitness, performance, confidence, or activity level?

What would make this training experience especially valuable for your child?

Is there anything you do NOT want emphasized in your child's training?

Is there anything else you would like Coach Thad to know before training begins?

ATHLETE QUESTIONS - COMPLETE WITH THE ATHLETE WHEN AGE-APPROPRIATE

What sport, activity, or movement do you enjoy the most?

What is one thing you would really like to get better at?

What is one thing you already feel confident doing?

What makes training fun for you?

Is there anything about training that makes you nervous or uncomfortable?

What would make you feel proud of yourself after this program?

PARENT / GUARDIAN CONSENT & ACKNOWLEDGMENT

I confirm that I am the parent or legal guardian of the athlete named on this form, or I am otherwise authorized to provide this information and consent. I understand that physical training and sports activities involve inherent risks, including the possibility of injury. I have provided accurate information regarding the athlete's health, injuries, restrictions, allergies, medications, emergency needs, and exercise readiness. I agree to inform Coach Thad / Redefined Gym if any relevant health status, injury, medication, restriction, emergency plan, or pickup authorization changes. I understand that Redefined Gym provides fitness and athletic-development coaching and general education, not medical diagnosis, treatment, physical therapy, or individualized medical nutrition therapy. When health concerns or symptoms fall outside the coach's scope, I understand that medical clearance or guidance from an appropriate healthcare professional may be requested before participation or return to activity. I understand that youth programming should prioritize safe development, skill, confidence, performance, and healthy habits rather than aggressive weight-loss or restrictive dieting practices.

Athlete Name

Parent / Guardian Name

Parent / Guardian Signature (type full name)

Date

Athlete Assent (recommended when age-appropriate)

☐ Athlete agrees ☐ Reviewed verbally with athlete ☐ Not applicable due to age / circumstances

Athlete Name / Signature (optional)

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Primary Training Goals

Sport(s)

Training Frequency

Development Stage / Age Group

Primary Areas of Focus

Health / Safety Notes

Restrictions / Required Modifications

Emergency Plan Notes

Parent Communication Preference

Authorized Pickup Notes

Program Start Date

Reassessment Date

COACH NOTES