

DRUGLESS SPORTS PERFORMANCE APPLICATION FORM

<input type="checkbox"/> Athlete <input type="checkbox"/> Coach <input type="checkbox"/> Sport Organization <input type="checkbox"/> Other _____
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<i>Full Name or Organization</i>	<i>Sport</i>	<i>Position</i>	<i>Age(s)</i>
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<i>Street</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
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<i>Primary Phone</i>	<i>Secondary Phone</i>	<i>E-mail Address</i>
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Health Questionnaire:

What would you consider your stress level to be on a scale of 1 -10? _____

List goals & improvements would you like to attain through biofeedback training:

I wish to include the following in my training program:

- BODY RE-EDUCATION
- CONCUSSION & TRAUMA RECOVERY
- MENTAL & EMOTIONAL FOCUS
- REDUCTION OF STRESS & ANXIETY
- INJURY PREVENTION
- DRUGLES INJURY RECOVERY
- ALL OF THE ABOVE

Currently Injured? YES or NO

Describe injury: _____

I am interested in: Weekly Training or Bi-weekly Training

Other Requests & Considerations: _____