



COACH BOTT

ATHLETE DEVELOPMENT & PRIVATE COACHING SERVICES CLIENT INFORMATION PACKAGE

'ABILITY AND HARD WORK MAY GET YOU TO THE TOP; BUT IT TAKES CHARACTER TO KEEP YOU THERE'

Welcome Aboard! Please take your time filling out this form. Email this to carmenbott@gmail.com or bring to your first session

Personal Information

Name: _____

Birthdate: _____ Age: _____ HT: _____ WT: _____

Address: _____

Phone Numbers:

Work #: _____ Cell #: _____ Home #: _____

Email: _____

Mom or Dad's name (if you are under 18): _____

Coach: _____

Contact: _____

Emergency Contact: _____

Family Doctor: _____

Phone Number: _____

Sports Medicine Doctor: _____

Phone Number: _____

Therapist: _____

Phone Number: _____

GOALS & EXPECTATIONS: What brings you to Coach Bott?

What do you think is the most important thing I can do to help you achieve your goals?



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WEEKLY TRAINING SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							

HEALTH HISTORY: Please circle YES or NO to the questions below

Has your doctor ever said you have heart trouble?	YES	NO
Do you frequently have pains in your chest?	YES	NO
Do you often feel faint or have spells of severe dizziness?	YES	NO
Has your doctor ever said your blood pressure was too high?	YES	NO
Do you have a bone or joint problem that could be made worse by a change in physical activity?	YES	NO
Are you currently taking any prescription medication?	YES	NO
Do you suffer from allergies? If yes, please elaborate:	YES	NO
Do you suffer from asthma?	YES	NO
Do you have ANY injuries, past or present we should know about? If yes, please elaborate below.	YES	NO
Have you ever been in a car accident?	YES	NO
Have you ever had any surgeries?	YES	NO
Have you had any fractures?	YES	NO



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INJURY HISTORY: Please elaborate on your injuries below

TRAINING EXPERIENCE AND HISTORY

Current Sport: _____

Level: _____

Left or Right handed? L R

What is your dominant leg? L R

Club/Team: _____

Coaches' Email / Phone:

Number of Years of Training Experience:

Have you ever had supervised strength & conditioning? If yes, please describe:

How do you warm-up for a training session?

How do you condition yourself?

Do you have any physical fitness test scores you can share? Squat? Bench? 1.5 mile run etc?

What strategies do you use for recovery?



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LIFESTYLE QUESTIONS

Do you drink alcohol? **YES NO**

If yes, how many glasses per week? _____

How many hours do you regularly sleep at night? _____

Describe your job: Sedentary Active Physically Demanding

Does your sport require long distance travel? **YES NO**

How would you rate your stress level on a scale of 1 to 10? _____

1= No stress at all 10 = I am having trouble coping ; I feel overwhelmed

Please elaborate below:

Are you interested in Mental Performance skills training? _____

If yes, a Mental Skills intake will be emailed to you.

NUTRITION QUESTIONS

On a scale of 1-10, how would you rate your Nutrition

1=very poor 10=excellent? _____ *Do you have guidance in this area _____

How many times a day do you usually eat (including snacks)? _____

Do you eat breakfast? **YES NO**

How many glasses of water do you consume daily? _____

Do you feel drops in your energy levels throughout the day? **YES NO**

If yes, when? _____

Are you currently taking supplements? **YES NO**

If yes, please list the supplements:

How many times per week do you eat out? _____



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SERVICES AND RATES AGREEMENT

Please read carefully and keep one copy for your records

1. Carmen Bott will provide private strength & conditioning coaching with the said above client based on the number of pre-booked sessions agreed upon by the client and Carmen Bott.
2. All single private coaching and/or assessment sessions and or program design must be paid by the above client upon receipt of invoice, unless otherwise stipulated. Ongoing online coaching fees are due on the first of the month. All sessions billed, must be paid in full. Credits will not be awarded.
3. Services are non-transferable and non-refundable.
4. 48 hours notice, must be given via telephone or email for any cancelled sessions, otherwise you will be billed the full amount for the service. Please call Carmen at 604-908-1321 or email carmenbott@gmail.com
5. If you choose to communicate via text message, please respect non-business hours such as evenings and Sundays.
6. It is rare that conference calls are booked on weekends.

COACH BOTT: Coaching Service Fees	
Single, private coaching session or consultation	\$125.00 /session
Private Coaching, hourly rate (on-going clients)	\$100.00 per hour/session
Program Design & Updates (on-going clients)	\$100.00/phase (a phase is 4 weeks)
Online private Coaching, including monthly program design and email or phone communication	\$100.00 (initial fee) + \$225.00 per month (due on the first of each month)
Semi-Private Training (2+ athletes, same timeslot)	Discuss with Carmen
Performance Assessments and Progress Reports	\$250.00 for the assessment & report
Peer Tutoring	\$125 / hour (minimum one hour)

Waiver of Liability: I (the applicant) certify I am cognizant of all of the inherent dangers and risks associated with exercise and all sports. I agree that I shall provide health insurance or other applicable insurance to cover any personal injury or property damage sustained while participating in Coach Bott's Training Programs. In consideration of my participation in Coach Bott's Programs, I agree that Coach Bott, will not be responsible for any accident or loss however caused. I hereby release the above party from all claims, liability or damages, which may arise as a result of such accident or loss. I also consent that Coach Bott may photograph or videotape my sessions, and that Coach Bott retains the rights to use these recordings, and may employ any or all of these for commercial and non-commercial purposes without payment of any kind and without further notice or further permission.

I understand and agree to stand by the terms and conditions of the cancellation policy, waiver of liability and the service fees.

Signature: _____

Full Name (printed): _____

Date: _____