



Presented by
COMMUNITY REHAB PHYSICAL THERAPY

Participant name: _____

Birth date: _____/_____/_____ Sex: M F Grade next year: 7 8 9 10 11 12 College

Address: _____

Phone Number: _____ E-mail: _____

Parent or Guardian: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

School: _____

Sports: _____

Prior Injuries: _____

Height _____ Weight _____ Dominant Leg: R L

T-Shirt Size: S M L XL

Anatomic Evaluation Pre-Test

Sit and Reach (in centimeters): R _____ L _____

Vertical Jump

Reach _____ Standing Vertical Trial 1 _____ Standing Vertical Trial 2 _____
Approach Vertical Trial 1 _____ Approach Vertical Trial 2 _____

Video Analysis Completed (Date): ___/___/___

Anatomic Evaluation Post-Test

Sit and Reach (in centimeters): R _____ L _____ Improvement _____

Vertical Jump

Reach _____ Standing Vertical 1 _____ Standing Vertical 2 _____ Improvement _____
Approach Vertical 1 _____ Standing Vertical 2 _____ Improvement _____

Video Analysis Completed (Date): ___/___/___

Administration

Attendance: Session 1: 1 2 3 4 5 6 Session 2: 7 8 9 10 11 12 Session 3: 13 14 15 16 17 18

Paid \$ _____ Refund \$ _____