

BNS Acceleration Project Athlete Form

Athlete Name: _____ D.O.B: _____

Home phone number: _____ Cell: _____

Email Address: _____ Parent Email _____

Emergency Contact: _____ Phone: _____

NENSA or USSA membership #: _____

Athlete Bio:

What High/Middle School do you ski for? _____

School/Club Coach's Contact Info: _____

Do you have a summer job? _____

Do you own rollerskis? _____ Skate? _____ Classic? _____

How many years have you been skiing? _____

What is your strongest technique? _____

How many hours did you train this past year? _____

What are some weaknesses that you would like to work on this year?

Is there a Fall sport other than ski training that we should prepare you for?

Goals:

Goals achieved this year:

Improvements made this year:

Name three goals that you would like to accomplish in this upcoming ski season:

Goal that was just out of reach this year:

Team Goal:

Performance Goal:

Medical Conditions, injuries, allergies, medications:

Program enrolling in:

1. Full Program _____ (\$1500)
2. 2 Days/Week _____ (\$500)
3. Spring _____ (\$200)
4. Custom _____ ()

Please return sheet and check with payment to James Upham Coaching LLC.

Mail to: Boulder Nordic Sport 30 Olympia street Portland, ME 04103 or drop off at the shop.