

- Team
- Individual

Rijo Athletics

22620 State Route 9 SE, Woodinville, WA 98072

OFFICE USE ONLY:

EVAL: _____

IP: _____ EIS: _____

CLIENT INFORMATION FORM

Today's Date: _____ How did you hear about us: _____

Player Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Coach's E-mail (Please print clearly): _____ Coach's Phone: _____ League: _____

Parent's E-mail Address (Please print clearly): _____

Player's E-mail Address (Please print clearly): _____

Privacy is important to us; therefore, we will not sell, rent or give your name or address to anyone. At any point, you can select the link at the bottom of every e-mail to unsubscribe.

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Alternate phone: _____

Positions: _____

List any injuries/disease or medications that we should know about: _____

AREAS OF INTEREST (Please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual Conditioning | <input type="checkbox"/> Team Training Assistance | <input type="checkbox"/> Individual Skill Work |
| <input type="checkbox"/> Tournament Information | <input type="checkbox"/> Hitting Lessons | <input type="checkbox"/> Fall Baseball Program |
| <input type="checkbox"/> Summer/Spring Camps | <input type="checkbox"/> Speed Training | <input type="checkbox"/> Free Professional Evaluation |
| <input type="checkbox"/> Pitching Lessons | <input type="checkbox"/> Fielding Lessons | <input type="checkbox"/> Other _____ |

EVALUATION (according to age)

TO BE COMPLETED BY TRAINER DOING EVALUATION

1 = POOR 2 = BELOW AVERAGE 3 = AVERAGE 4 = GOOD 5 = EXCELLENT

- | | | | | | |
|---------------------------------|---|---|---|---|---|
| 1. Throwing Mechanics _____ | 1 | 2 | 3 | 4 | 5 |
| 2. Velocity (gun reading) _____ | 1 | 2 | 3 | 4 | 5 |
| 3. Fielding Mechanics _____ | 1 | 2 | 3 | 4 | 5 |
| 4. Quickness _____ | 1 | 2 | 3 | 4 | 5 |
| 5. Hitting Mechanics _____ | 1 | 2 | 3 | 4 | 5 |
| 6. Bat Speed _____ | 1 | 2 | 3 | 4 | 5 |
| 7. Shuttle 5/10/5 _____ | 1 | 2 | 3 | 4 | 5 |
| 8. 60 Yard _____ | 1 | 2 | 3 | 4 | 5 |
| 9. Push Ups _____ | 1 | 2 | 3 | 4 | 5 |

PARENTAL CONSENT AND LIABILITY WAIVER – IMPORTANT – PLEASE READ AND SIGN

I/we, the parents/guardians of the person named above on this, who is a candidate for the position of a Rijo Athletics camp/lesson, hereby give our approval for a duly appointed member of Rijo Athletics to seek or administer emergency first aid or medical attention requested for the safety or well being of my/our child while participating in all the activities of Rijo Athletics Baseball Inc., the organizers, sponsors, the supervisors, the attending physician, the hospital or medical group involved in the emergency medical attention or first aid of my/our child. I/we, the parents/guardians hereby give my/our approval for participation in any and all activities of the Rijo Athletics Baseball, Inc. organization. I/we assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities.

SIGNED: _____

DATE: _____

If under age 18, must be signed by a parent or legal guardian.