

Strength and Conditioning Program Questionnaire

Name: _____ School: _____

1. How did you hear about the camp? Brochure, Newspaper, USM
Clinic, Radio, Other.

2. What sports do you participate in? _____

3. What is your primary sport? _____

4. Have you sustained any injuries in the last 5 years that required
medical attention?

Yes

No

If yes, what kind of injury? _____

5. What are you expecting out of this camp? (Gain Speed, Flexibility,
Strength, other)

6. What is the most important to you? (Speed, Power, Flexibility, Other)

7. Where do you feel you need the most improvement?
