

# Sports Team Tryout Fitness Assessment Form

Athlete Name

Date of Birth

Age

Team/Position

## Contact Information

Parent/Guardian Name

Phone Number

Email Address

## Medical Information

Medical Conditions

Medications

## Fitness Assessment

Height (cm)

Weight (kg)

Sprint Time (40m in seconds)

Vertical Jump (cm)

Push-Ups (in 1 minute)

Sit-Ups (in 1 minute)

Shuttle Run Time (Seconds)

Other Comments or Tests

**Coach/Assessor Comments**

Comments