

**OnPointAthletics***Stronger, Faster, Better.***PARTICIPATION ENROLLMENT FORM – Age Group** *(circle one)* **Middle School / High School**

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

T-shirt Size: *(circle one)*      **S**                      **M**                      **L**                      **XL**                      **XXL**

Sport \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current Club Team: \_\_\_\_\_ Level of Skill: (Beginner) (Intermediate) (Elite)

Medical/Health Insurance: \_\_\_\_\_

**OnPoint Athletics™ Hockey Camp Waiver**

The registered player has my permission to participate in OnPoint Athletics™ Hockey Camp. I acknowledge and understand that the sport of hockey unavoidably involves the risk of serious injury, including permanent disability and/or death resulting from the actions of the participants, the actions and inaction's of others, the rules of play and/or the equipment used. By allowing the "player" to participate, I knowingly assume all such risks, and I release, waive, discharge and covenant not to sue American Scholastic Inline Hockey Championship, Inc.; aka "ASIHC"; dba OnPoint Athletics™ Hockey Camp aka Colorado High School Inline Hockey League, aka "CHSIHL"; any participating facility; and their respective officers, directors, employees, members and agents, liabilities, claims, demands, losses or damages of any kind, arising out of any injury to the "player" or damage to his property incurred while on the premises of The Parker Fieldhouse, Bladium Sports and Fitness Club or while participating in the activities of "OnPoint Athletics™", "ASIHC" or "CHSIHL". I hereby give permission to " OnPoint Athletics™ " and its representatives to obtain emergency medical treatment for the "player" if I am unavailable for consultation at the time such treatment is necessary. All related costs will be paid by the participant and /or guardian. The undersigned hereby certifies that to the best of his or her knowledge and belief, the participant is in good physical condition and has no disease or injury that will be aggravated or cause harm to the participant or others during play.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information about the American Scholastic Inline Hockey Championship, and the Colorado Middle School and High School Inline Hockey League visit **WWW.CHSIHL.COM**.

# OnPoint Athletics™

## Prospective Student-Athlete Health History Questionnaire

Recruit Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
 Sport \_\_\_\_\_ Date of Birth \_\_\_\_\_

- YES  NO Have you ever suffered a head injury / concussion and/or been knocked unconscious?
- YES  NO Have you ever suffered a cervical spine / neck injury?
- YES  NO Have you ever suffered a shoulder injury?
- YES  NO Have you ever suffered an elbow / forearm, wrist, hand, and/or finger injury?
- YES  NO Have you ever suffered a spine, low back, and/or sacroiliac injury?
- YES  NO Have you ever suffered a rib, thorax, and/or chest injury?
- YES  NO Have you ever suffered a hip, groin, and/or thigh injury?
- YES  NO Have you ever suffered a knee injury?
- YES  NO Have you ever suffered an ankle, lower leg, and/or foot injury?
- YES  NO Have you ever had surgery on your shoulder, elbow / forearm, wrist, hand, and/or finger?
- YES  NO Have you ever had surgery on your hip, knee, ankle, lower leg, and/or foot?
- YES  NO Have you ever had surgery on your spine (cervical / neck, lumbar, etc.)?
- YES  NO Have you ever suffered a heat-related illness and/or received intravenous fluids (IV) for a heat-related problem?
- YES  NO Have you ever been diagnosed with any allergies and/or ever had an unfavorable / allergic reaction to any medications, food items, and/or stings / bites?
- YES  NO Have you ever been diagnosed with asthma and/or exercised induced asthma?
- YES  NO Have you ever been diagnosed with diabetes?
- YES  NO Have you ever had chest pain and/or unexplained shortness of breath during or after exercise / practice?
- YES  NO Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice?
- YES  NO Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice?
- YES  NO Have you ever been told that you have a heart murmur?
- YES  NO Has any family member or relative died of heart problems and/or of sudden death before age 35?
- YES  NO Has a physician ever denied or restricted your participation in sports due to any heart problems?
- YES  NO Have you ever had an electrocardiogram (EKG) and/or echocardiogram of your heart?
- YES  NO Do you have only one of two paired, functioning organs (eyes, kidney, ovary, etc.)?
- YES  NO Have you ever had seizures or convulsions?
- YES  NO Do you or anyone in your family have sickle cell trait or disease?
- YES  NO Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months?
- YES  NO Have you ever been told by a physician to restrict your sports activity or not to participate in a sport?
- YES  NO Are you aware of any reasons why you should not participate in intercollegiate athletics at UCF at this time?

**If you answered YES to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail (use additional sheet(s) if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld.

\_\_\_\_\_  
Recruit Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature (if younger than 18 years old)

\_\_\_\_\_  
Date

**Cervical Spine:**

History of Injury-  YES  NO \_\_\_\_\_  
Please Describe  
ROM / Laxity / Instability- \_\_\_\_\_  
Recommendations- \_\_\_\_\_

**Shoulder:**

History of Injury-  YES  NO \_\_\_\_\_  
Please Describe  
ROM / Laxity / Instability- \_\_\_\_\_  
Recommendations- \_\_\_\_\_

**Elbow / Hand / Wrist / Fingers:**

History of Injury-  YES  NO \_\_\_\_\_  
Please Describe  
ROM / Laxity / Instability- \_\_\_\_\_  
Recommendations- \_\_\_\_\_

**Thoracic Spine / Lumbar Spine / SI:**

History of Injury-  YES  NO \_\_\_\_\_  
Please Describe  
ROM / Laxity / Instability- \_\_\_\_\_  
Recommendations- \_\_\_\_\_

**Hip / Thigh:**

History of Injury-  YES  NO \_\_\_\_\_  
Please Describe  
ROM / Laxity / Instability- \_\_\_\_\_  
Recommendations- \_\_\_\_\_

**Knee:**

History of Injury-  YES  NO \_\_\_\_\_  
Please Describe  
ROM / Laxity / Instability- \_\_\_\_\_  
Recommendations- \_\_\_\_\_

**Lower Leg / Ankle / Foot:**

History of Injury-  YES  NO \_\_\_\_\_  
Please Describe  
ROM / Laxity / Instability- \_\_\_\_\_  
Recommendations- \_\_\_\_\_

**Recommendations / Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Status:**

- Recommend without restrictions
- Recommend with restrictions \_\_\_\_\_
- Not Recommended

Parent or Guardian Signature _____	Date _____
OnPoint Athletics™ Trainer Print Name _____	



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## PRE AND POST CAMP SKILLS AND CONDITIONING EVALUATION

Event \_\_\_\_\_ Event Date \_\_\_\_\_

(i.e. Annual Scouting Combine, Team Camp, Summer Conditioning Camp, In-Season Clinics, etc.)

Day Tested \_\_\_\_\_ Date Tested \_\_\_\_/\_\_\_\_/\_\_\_\_

### Skating Speed / Power Testing

20 Meter Power Skate (forward)                      Seconds \_\_\_\_\_  
20 Meter Power Skate (backward)                      Seconds \_\_\_\_\_  
Distance Speed Skate (forward)                      Seconds \_\_\_\_\_  
Distance Speed Skate (backward)                      Seconds \_\_\_\_\_  
Power Skate-Cone Drill (right)                      Seconds \_\_\_\_\_  
Power Skate-Cone Drill (left)                      Seconds \_\_\_\_\_

### Speed / Strength Testing

30 Yard Dash                      Seconds \_\_\_\_\_  
40 Yard Dash                      Seconds \_\_\_\_\_  
20 Meter Sprint                      Seconds \_\_\_\_\_

### Agility Testing

Agility Shuttle /                      Seconds \_\_\_\_\_  
Agility-Cone Drill (right)                      Seconds \_\_\_\_\_  
Agility-Cone Drill (left)                      Seconds \_\_\_\_\_  
Arrowhead Agility (right)                      Seconds \_\_\_\_\_  
Arrowhead Agility (left)                      Seconds \_\_\_\_\_

### Lower Body Strength

One-Step Vertical Jump                      Height \_\_\_\_\_ Inches \_\_\_\_\_  
Vertical Jump                      Height \_\_\_\_\_ Inches \_\_\_\_\_

### Upper Body Strength Testing

Kneeling Power Ball Toss                      Feet \_\_\_\_\_  
Rotational Power Ball Throw                      Feet \_\_\_\_\_ Inches \_\_\_\_\_  
Over-the-Back Power Ball Throw                      Feet \_\_\_\_\_ Inches \_\_\_\_\_

### Endurance Testing

Yo-Yo Intermittent Recovery Test Level 2:                      Speed Level \_\_\_\_\_  
Russian Box                      # of Jumps \_\_\_\_\_ Seconds \_\_\_\_\_  
Weight Lifts                      Pounds \_\_\_\_\_ Seconds \_\_\_\_\_

**Total Score**                      Rating \_\_\_\_\_

**State Comparison**                      Rating \_\_\_\_\_



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## **Nutritional Guide: Healthy Eating Habits** ***Courtesy of: Elite Athlete Training Systems***

***In order to truly achieve your health and fitness goals***, it is imperative that you develop healthy eating habits. The following info serves as a "nutritional guide" for putting you on the right path. This guide is very basic in nature. For an in depth look at your eating habits you should contact a Registered Dietician (RD). It is important to understand that there are no "bad" foods - any food can be incorporated into your diet in moderation. You should try and reduce your intake of refined sugars (cookies, etc.) and saturated fat (butter, etc.) and eat plenty of fruits, vegetables, and whole grains.

Optimum athletic performance and enhance aesthetics require sound nutritional habits. We believe that you can get your daily requirements of nutrients through whole food and we rarely advocate the use of supplements (the only exception to that is the addition of a "weight gain" shake for clients who have trouble consuming adequate calories for muscle gain). We most certainly steer clear of "performance" enhancing supplements; Creatine, ephedrine, etc. because of the possible side effects.

It is very important not to overlook the role nutrition plays in acquiring maximum physical development. What you eat on a daily basis helps determine your body fat levels as well as how much energy you have for intense, rigorous exercise. Whether you are trying to gain muscle, reduce body fat, or maintain your current stature - it is very important you follow these basic dietary recommendations:

- A balanced diet consists of approximately 60-65% carbohydrates, 15-20% fat and 10-15% protein.
- Eat a variety of healthy foods (fruits, vegetables, whole grains, etc.).
- LIMIT your intake of fat, sugar, and sodium.
- Drink plenty of WATER!
- Eat 5-7 "smaller" meals throughout the day (size of meal depends on actual goal: weight loss vs. weight gain).

### **Fat Loss the Healthy Way**

In order to reduce body fat, you **MUST EXPEND MORE CALORIES THAN YOU CONSUME** on a daily basis. This means you have to eat less and exercise more.

To determine how many calories a day you should consume, multiply your current bodyweight by 15. This will give you a rough estimate of your daily caloric needs. For example, a 200 lb. athlete trying to reduce body fat should only consume around 3000 calories a day (200 X 15 = 3000). Depending on your individual metabolism as well as your daily energy expenditure through physical activity - this number may have to be slightly adjusted either higher or lower. Also note, do not let your caloric intake per day drop below 1200-1500 - your body will go into a "starvation mode" which results in several physical complications.



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## Sample Menus for the Active Athlete

### Sample Menu #1:

Breakfast: Oatmeal and fresh fruit.

**Snack: Yogurt and a granola bar.**

Lunch: 1 Deli sandwiches (Turkey), and an apple.

**Snack: 1 Peanut butter and jelly sandwich, and milk.**

Dinner: Grilled chicken and steamed vegetables.

**Snack: Pretzels.**

### Sample Menu #2:

Breakfast: Cheerios, banana, and milk.

**Snack: Graham crackers and milk.**

Lunch: 1 slice of cheese pizza, salad, and fruit juice.

**Snack: 1 English muffin w/jelly.**

Dinner: Pasta w/marinara sauce, a vegetable, and milk.

**Snack: Frozen yogurt.**

## Weight Gain the Healthy Way

In order to gain weight, you MUST CONSUME MORE CALORIES THAN YOU EXPEND on a daily basis. This means you have to eat, eat, and eat.

To determine how many calories a day you should consume, multiply your current bodyweight by 25. This will give you a rough estimate of your daily caloric needs. For example, a 200 lb. athlete trying to gain muscular body weight requires around 5000 calories a day ( $200 \times 25 = 5000$ ). Depending on your individual metabolism as well as your daily energy expenditure through physical activity - this number may have to be slightly adjusted either higher or lower.

### Sample Menu #1:

Breakfast: Orange juice, 5 pancakes w/syrup, and fresh fruit.

**Snack: Yogurt, granola bar, and fruit juice.**

Lunch: 2 Deli sandwiches, apple, milk, and 4 oatmeal cookies.

**Snack: 2 Peanut butter and jelly sandwiches, and milk.**

Dinner: Steak, potatoes, steamed vegetables, and a roll.

**Snack: 2 English muffins w/jelly.**

### Sample Menu #2:

Breakfast: Raisin Bran, milk, and 4 scrambled eggs.

**Snack: Peanut butter on graham crackers, and milk.**

Lunch: 3 slices of cheese pizza, salad, and fruit juice.

**Snack: Trail mix: peanuts, raisins, and dried fruit.**

Dinner: Pasta w/meat sauce, garlic bread, a vegetable, and milk.

**Snack: Milk shake and peanut butter cookies.**



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## **Fluid Goals for Athletes**

It is extremely important to be well hydrated, especially during the summer heat. Athletic performance can decrease dramatically when the body is low on water. You should aim to drink on a set schedule, don't wait until you are thirsty. Put water in your mouth, not on your head!

1. Drink 16 oz. of fluid 2 hours before competition.
2. Drink 8 oz. 15 minutes prior to competition.
3. Drink during the event (at least 8 oz. every 20 minutes)
4. Drink 24 oz. per pound of bodyweight lost.

## **Nutritional Tips for Athletes**

**The goals for nutritional care for athletes are very simple:**

- Ensure you are properly hydrated at all times (especially during times of active training and competition). Don't wait until you are thirsty to start drinking water!
- Consume adequate calories to meet growth and development needs as well as the extra needs of intense training.
- Try and get most of your nutrients from "real" food and don't look for supplements as a cure all.
- Adopt health eating habits that will last you a lifetime. Don't bother with a "quick fix" or a temporary diet. If you are on a diet temporarily, then the results will only be temporary at best as well!
- Design a meal pattern that fits your daily cycle and plan to eat several times per day using regularly spaced meals and snacks to meet your caloric and nutrient needs.
- Eat a diet rich in complex carbohydrates to provide the energy source to fuel your intense training and competition. Try and consume a variety of food types (fruits, vegetables, whole grains, etc.) as your best insurance for getting the necessary vitamins and minerals you need to maintain health.

## **Pre-Game Rules:**

1. Eat lightly before competition.
2. Eat complex carbs and limit protein and fat intake (they are much slower to digest).
3. Avoid "bulky" foods that may weigh you down.
4. Eat slowly and chew well to avoid indigestion.
5. Drink sufficient amounts of water (see above for fluid requirements).
6. Avoid drastic changes to your normal diet routine immediately prior to competition.

## **Post-Game Rules:**

1. Consume carbohydrate rich foods and beverages as soon as possible after competition. They will replenish glycogen stores quickly.
2. Replace fluids that have been lost (see above for fluid requirements).
3. Replace any potassium or sodium that has been lost during competition or training. Fruits, vegetables, and salty foods are excellent for this.
4. Return to your normal diet as soon as possible following the post game meal.