

GAP CONTROL WORKSHEET FOR QUANTUM SPEED™

PLAYER INFORMATION:

Player Name: _____ Email address: _____

Position _____ Team Last Season: _____

Height: _____ Weight: _____

Communication preference: **Email** _____ **Text** _____ (Phone # _____)

My overall hockey goal is: _____

Biggest hockey accomplishment so far? _____

Did you have any injuries this season? Any health concerns related to your training this off-season?

Do you have an advisor/agent? Yes _____ No _____

If yes, please provide contact information for agent: _____

Do you have an off-ice trainer? Yes _____ No _____

If yes, please provide contact information for trainer: _____

TRAINING GOALS:

Coaches and/or scouts have asked me to improve my:

I believe the strength(s) in my game are:

I believe the weakness(es) in my game are:

This spring/summer I am committed to improving my: _____

The number one improvement/skill I want to get out of my Summer Program Plan is:

What am I committed to? _____

SCHEDULING:

When are you scheduled with your trainer? _____

What other camps or ice times are you committed to? _____

Do you have any family holidays planned? _____

Do you have any other scheduling conflicts? _____

How many weeks do you plan to skate with Quantum Speed this Summer?

What are the skating skills that you want to focus on this Summer?

In the past, when did you see your biggest gains with Quantum Speed?

Player Signature (over 18) _____ Date _____

Parent's Signature (under 18) _____ Date _____

Parent email address _____

(please ensure accuracy for updated program information)

SKATE FIT (optional – only complete if you need new skates)

Current skates: How many games have you played in them? _____

Do you wear custom or a stock boot? Yes _____ No _____

Do you wear Orthotics in your skates? Yes _____ No _____

Have you had a blade alignment before? Yes _____ No _____

Orthotics correction details: _____

Sharpening preferences: _____

Blade radius: _____

Sharpening radius: _____

Do you have any lifts or alterations done to your skate boot? _____

Do you get lace bite in season? Yes _____ No _____

If yes, please describe: _____
