



## YP3 Questionnaire

Name \_\_\_\_\_ Skate Canada # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year started skating (includes CanSkate) \_\_\_\_\_

Winter Training Location \_\_\_\_\_ Summer Training Location \_\_\_\_\_

For each of the following jumps, please indicate what year and season (E.g. Fall/08) you did each of the following:

- Started learning the jump – meaning started getting your first on-ice lessons
- Landed the jump for the first time
- Started landing the jump consistently – (e.g: 8 out of 10 times in practice, or more)
- Included the jump in a program in competition for the first time

Fall (Sept/Oct); Winter (Nov-March); Spring (April/May); Summer (June-August)

(Mark with an X if not yet applicable)

Jump	Started Learning	Landed First	Landed Consistently	Included in program
Single Axel				
Double Toe-Loop				
Double Salchow				
Double Loop				
Double Flip				
Double Lutz				
Double Axel				
Triple Toe-Loop				
Triple Salchow				
<b>E.g. Double Axel</b>	<b>Sum/08</b>	<b>Spr/09</b>	<b>X</b>	<b>X</b>

Will you compete in a qualifying competition this season? (e.g. Sectionals)  YES  NO  Not sure

Please indicate the number of events you competed in last season according to discipline:

Free Skating	Dance	Skating Skills	Interpretive	Competitive Singles	Competitive Pairs	Competitive Dance



# Athlete Health Questionnaire

THIS FORM IS TO BE COMPLETED BY THE ATHLETE PRIOR TO ARRIVING FOR TESTING

\_\_\_\_\_  
LAST NAME FIRST NAME

MALE  FEMALE DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_  
HOME ADDRESS CITY PROVINCE POSTAL CODE

(\_\_\_\_\_) \_\_\_\_\_  
HOME TELEPHONE

\_\_\_\_\_  
COACH CONTACT: (NAME) (PHONE NUMBER)

ON AVERAGE, HOW OFTEN DO YOU TRAIN PER WEEK WITH THIS COACH? \_\_\_\_\_ HOURS

HANDEDNESS:  RIGHT  LEFT  AMBIDEXTROUS  
FOOTEDNESS:  RIGHT  LEFT  AMBIDEXTROUS

**FAMILY HISTORY – PLEASE IDENTIFY ANY HEALTH PROBLEMS THAT HAVE OCCURRED IN YOUR IMMEDIATE FAMILY:**

YES	NO	HAS ANYONE IN YOUR FAMILY (UNDER AGE 30) DIED SUDDENLY
YES	NO	HIGH BLOOD PRESSURE
YES	NO	HEART TROUBLE

IF ANSWERED YES, SPECIFY:

\_\_\_\_\_

**HEALTH HISTORY**

(list details for “yes” response in chart below)

YES	NO	HAVE YOU EVER HAD AN INJURY TO YOUR LEFT OR RIGHT HIP, KNEE, ANKLE OR FOOT?
YES	NO	IF ANSWER TO THE ABOVE QUESTION IS YES, DID THE INJURY INCAPACITATE YOU FOR A WEEK OR LONGER?
YES	NO	HAVE YOU EVER BEEN TOLD THAT YOU INJURED THE CARTILAGE (MENISCUS) OF EITHER KNEE JOINT?
YES	NO	HAVE YOU EVER HAD PROBLEMS WITH YOUR KNEE CAPS, (PATELLA) E.G. CHONDROMALACIA, DISLOCATION, ETC.?
YES	NO	HAVE YOU EVER BEEN TOLD THAT YOU INJURED THE LIGAMENTS OF EITHER KNEE JOINT?
YES	NO	HAVE YOU EVER HAD AN INJURY TO YOUR HEAD, CERVICAL SPINE, THORACIC SPINE (RIBS), LUMBAR SPINE, SACRO-ILIAC JOINTS?
YES	NO	DO YOU EXPERIENCE PAIN IN YOUR BACK? IF YES: VERY SELDOM _____ FREQUENTLY _____ OCCASIONALLY _____ ONLY AFTER VIGOROUS EXERCISE _____
YES	NO	ARE YOU CURRENTLY UNDER A DOCTORS CARE FOR ANY CONDITION?
YES	NO	ARE YOU TAKING ANY MEDICATIONS AT PRESENT?

**FOR ALL QUESTIONS ABOVE ANSWERED “YES” PLEASE PROVIDE DETAILS:**

**MEDICAL CHART**

DATE OF INJURY/ILLNESS	NATURE OF ILLNESS / INJURY OR MEDICATION

## INFORMED CONSENT OF GENERAL PHYSIOLOGICAL ASSESSMENTS

This consent form is only part of the process of informed consent. It should give you the basic idea of what the physiological testing entails and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. In order to assess physiological function(s), the following tests will be conducted:

<p><b>Anthropometry</b> Arm span, standing and sitting height will be recorded in cm to the nearest 0.5cm and Weight in kg to the nearest 0.1kg. Some arm and leg girths will also be recorded.</p>
<p><b>Explosive Power Tests (Vertical Jump)</b> All the following jump tests are utilized to measure the explosive power of the legs. The athlete will complete a vertical jump test which will be performed using a specialized apparatus called the <b>Vertec</b>. Right and left single leg jumps will also be performed. Each test (jumps) will be performed two (2) to three (3) times where the best score generated will be recorded.</p>
<p><b>Flexibility/Functional Movement Screen</b> The objective of the "Sit and Reach Test" is to monitor the development of the athlete's lower back and hamstring flexibility. Several warm-up attempts will be performed, with the recording of the best score. The Functional Movement Screen is used to ascertain the potential risk for injury by determining any limitations, restrictions, and imbalances in athlete's movements. The functional movement screen will involve different fundamental and sport-specific movements that help identify limitations and strengths in an athlete's movement.</p>
<p><b>Standing Long Jump/Speed Test (10m)</b> The standing long jump test is utilized to measure the explosive power of the legs. The objective of speed test is to monitor the athlete's ability to accelerate efficiently from a standing start, and to determine the athlete's speed. This test involves running a single maximum sprint over 10m, with time recorded by the timing system at 2.5m, 5.0m, 7.5m and 10m intervals.</p>
<p><b>Jumping Strength - 20 Second Endurance Test</b> This particular test is used to assess the capability of leg extensor muscles to generate mechanical power within a short period. The athlete will be asked to jump as high and as quick as possible for a period of 20 seconds.</p>
<p><b>Maximal Run (Beep Test)</b> The beep test is a maximal aerobic fitness test that involves running continuously between two points that are 20m apart. The test subjects stand behind one of the lines facing the opposite line and begin running when instructed by the CD. The CD emits a beep sound which indicates the time at which subjects must reach the other end. The speed at the start is quite slow. The subject continues running between the two lines, turning when signaled by the recorded beeps. After about one minute, a sound indicates an increase in speed and the beeps will get closer together. This continues each minute, if the line is not reached in time with each beep, the subject must run to the line, turn and try to catch up with the pace of the beeps. The test is stopped when the subject fails to reach the line for two consecutive beeps. It is estimated that a maximum time to complete the test will be 10 minutes.</p>

Your physiological data that will be compiled is strictly confidential.

There have been few, if any, complications for those participating in the above physiological testing. If you are not tolerating the stress, the activity will be stopped immediately. Mild light-headedness and muscle soreness may occur, but should disappear quickly. Risk of injury is possible in all physical activity, but is minimal. Any injuries or feeling of discomfort should be reported to the test administrator immediately. The technician administering these tests is trained in emergency procedures, and has appropriate qualifications to be conducting the tests. You still have all your legal rights. Nothing said here about treatment or compensation in any way alters your right to recover damages.

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the physiological testing and agree to participate as a subject

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Since you are below the legal age of 18 years, your parent or guardian's signature on this form indicates that they understand the information regarding your participation in the physiological testing and agree to you participating as a subject. In no way does this waive your legal rights nor release the Canadian Sport Centre Ontario from their legal and professional responsibilities. You are free to withdraw from the testing at any time without jeopardizing your health care.

Signature of Parent or Guardian:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

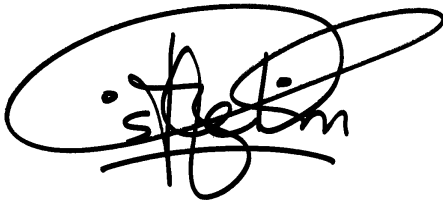
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## PRETEST INSTRUCTIONS FOR ALL ATHLETES

BEFORE PERFORMING ANY TEST, YOU SHOULD:

- BRING ALL DOCUMENTATION (HEALTH QUESTIONNAIRE, INFORMED CONSENT and YP3 QUESTIONNAIRE) WITH YOU AND GIVE IT TO THE TEST ADMINISTRATOR
- HAVE ONLY A LIGHT MEAL ONE OR TWO HOURS PRIOR TO TESTING (BRING A SMALL SNACK IF YOU FEEL YOU WILL GET HUNGRY OVER A 2-3 HOUR PERIOD)
- BE WELL HYDRATED (BRING A WATER BOTTLE)
- WEAR SUITABLE CLOTHES AND SHOES (e.g. RUNNING SHOES, T-SHIRT & SHORTS)
- ENSURE THAT YOU ARE FREE FROM INJURY AND ILLNESS
- AFTER ALL TESTING YOU SHOULD ACTIVELY COOL DOWN AND STRETCH

Look forward to seeing you at your upcoming testing.



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