



## **Applied Mental Strength Training for Athletes**

### **Athlete Information**

Today's Date: \_\_\_\_\_

Name of Athlete: \_\_\_\_\_

Parents Name (s): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip Code)

DOB: \_\_\_\_\_

Gender: M F

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Circle the number you would prefer I leave a message.

Sports Currently Playing: \_\_\_\_\_

Level of Play: \_\_\_\_\_

Positions: \_\_\_\_\_

Do you currently have any health or injury restrictions that limit play or performance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Contract for Services**

Welcome to the Center for Sports and The Mind (CSM). We are glad you have chosen us to be a resource to you in developing a greater mental game. We know our resources will help you develop the mental skills needed to take your life and athletic performance to a higher level.

Often times it is said that 90% of athletic performance is mental. The services the Center provides are designed to evaluate the strengths of your mental game and the mental skills you need to develop further. You will find that what you learn here can be adapted to be used in your academic, personal and professional life.

Your experience here will result in you learning some new things. You can anticipate that you will learn to look at things in some different and unique ways... Our program is designed to help you take your game to the next level. At times, some of the exercises we do may push you past comfortable places of development. In order to develop your mental game this may be necessary.

If you have any question about the material we cover or the exercises we do, please feel free to ask questions or raise your concerns. We look forward to getting to know you and assisting you in reaching the goals you develop.

This contract outlines several important areas that we will discuss when you begin services.

### **Confidentiality**

The services you receive are confidential, and your name will not be used in any promotional materials unless you have given our staff written permission to do so.

### **Mandated Reporting**

Because of my professional licenses and codes of ethics, I am required by law in the same way teachers, coaches and clergy are to report any suspected abuse of children or vulnerable adults. If you tell me of the suspected abuse of a vulnerable adult or a child I will report this information to the appropriate authorities.

### **Medical Emergencies**

If you have a medical emergency while with me, I will take the appropriate steps to make sure your medical needs are met.

### **Fees**

Our standard fee is \$130/ hour. If you buy a package of services you will receive a discounted rate. Payments are due at the time of the session.

We offer the following package of services.

3 sessions	\$ 331.50
6 sessions	\$ 585.00
9 sessions	\$ 819.00

**What You Can Expect**

In your first sessions, we will discuss your goals for your sports skills and the areas that you would like to focus your time on. Research has shown that there are specific mental skills that can be practiced to enhance athletic and life performance. These areas may include motivation, self-confidence, self talk, relaxation, goal setting, stress management, focus and team building. We will decide collaboratively on what you decide to spend your time on.

**Referrals**

If in our work together we discover that an obstacle to improving your performance may require a longer term of service, we will make you aware of it. If we feel this is necessary, I will share my concerns with you, and/or your parents, or your family. At that time we will assess what other resources or services may be needed.

**CANCELLATION POLICY**

CSM asks that you give a 24 hour notice if you have to cancel an appointment. If less than 24 hours is given, an additional \$60 will be added to account. Please initial to agree to this policy. Exceptions to this policy must be submitted in writing.

**CLIENT INITIALS \_\_\_\_\_**

Signature indicates acceptance and agreement of the above stated CSM policies and practices

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)