

Full Name	
Date of Birth	
Address	
Mobile phone number	
Parents mobile number (minors)	
E-mail	
B. Professional activities or s	tudies
B. Professional activities or s Name of school/university	tudies
	tudies
Name of school/university	tudies
Name of school/university Addresse	tudies
Name of school/university Addresse Name of the Director	tudies
Name of school/university Addresse Name of the Director Year of study Plans after studies (university, army,	tudies
Name of school/university Addresse Name of the Director Year of study Plans after studies (university, army, work, dual career, other)	



C. Athlete support information **Main Trainer Contact Details** Full Name Country Mobile number E-mail Assistant trainer contact details (If applicable) Full Name Country Mobile number E-mail Name of personal physician Phone number Name of personal physiotherapist Phone number If other medical support, which? (psychologist, dietician, nutritionist, etc.)



D. Sports Career information

ATHLETE INFORMATION FORM FOR PLAYERS OF THE F.S.L NATIONAL PROGRAMME 2024

	Squash debut (year)		
Other sporting activ	vities currently practiced		
Curer sporting active	rices currently practiced		
		oest performances ournament	
Tournament	Tournament Performance Date achieved (day/month/year)		Location
Eve	olution of personal best	performances over the la	ast 4 years
<u>Year</u>			
2020			
2021			
2022			
2023			



Short-, medium- and long-term objectives E. Main objectives for the 2024/2025 season In terms of performance (goal for the season) Participation and results in international competitions (what you're aiming for) Objectifs à moyen et long terme In terms of performance Participation and results in international competitions



Planning Season 2024/2025

	Training program planned for 2024/2025:					
<u>Date</u>	<u>Place</u>					

Number of training sessions per week (average):

Programme des compétitions principales prévues en 2024/2025 :						
<u>Place</u>						



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Please	enclose	a	training	schedule,	the	season's	competitions	and	a	copy	of	the
weekly	training	sc	hedule.									

Signature Athlete		Signature N. Coach