



Conditioned Minds Foundation, Inc.

TEAM CLINIC APPLICATION

Contact Information

Organization Name _____

Level: _____ Gender: _____ Age Range: _____

Organization Address: _____

Supervisor: _____ Phone: _____

Email: _____

Direct Contact: _____ Phone: _____

Email: _____

Space Information (Location space for holding the clinic)

Space Type (Gym, Field, Class, etc): _____

Surface Type/Size: _____

Team Clinic Dates

1st choice (date): _____ 2nd choice (date): _____

Start Time: _____ End Time: _____

Participant Information

of Participants in Attendance (estimate): _____

of Coaches in Attendance: _____



Conditioned Minds Foundation, Inc. INTAKE APPLICATION

QUESTIONNAIRE

1. What is the typical outline of the day?

2. What is the reasoning behind this decision?

3. Rate in order from 1 – 8 (1 being the most important) what is most important to you for your team to be successful.

- () Solid mental discipline
- () Superior cognitive approach
- () Solid individual attitudes
- () Pride and desire by all involved
- () Superior argumentative minded team
- () Superior offensive minded team
- () Solid organization amongst all participants
- () Loyalty

4. Name your top 3 leaders:

5. Name your top 3 performers:

6. List your goals from participation in the clinic:

a.

b.

c.

d.

e.

f.

g.



7. Are you fearful that some of your top performers may be exposed to imperfections? _____

a. Would you like the clinic to withhold from intervening tactics?

8. What was your primary goal last year?

9. In your opinion what prevented you from having a successful year last year if anything?

What does your team need to hear over and over in order for them to be productive this year? (it can be a quote, or even words)



List everything you would like for your team to get out of this clinic:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____





Conditioned Minds Foundation, Inc. DISCLOSURE INFORMATION

Team Clinics

- Every clinic is followed up with a detailed written report, a copy of which is given to stakeholders for follow-up purposes. Each session also includes a number of activities participants can do on their own away from the team training environment.

Reserving your Dates

- We will try our best to accommodate your first choice, but team clinics are on a first come first served basis. Full payment is due prior to the start of your team clinic.
- We will contact you within 2 business days of receiving your application to confirm your registration and schedule your team clinic.
- All participants must have a completed and signed Team Clinic Registration and Waiver form.
- Deposits for team clinics once approved are \$250 and are non-refundable.

Clinic Policies

- Clinic registration is by email only. Please be sure to send in a completed form.
- Clinic attendees must be confirmed approximately 10 days before clinic start date.
- Please carefully look at the dates of the clinic and determine if you can commit to the dates listed before you sign up for the clinic. If you do encounter a conflict including weather or any unforeseen emergency, you may reschedule a clinic for a later date.
- Conditioned Minds does not allow walk-ins to clinics. Advance registration is required in order to maintain our youth/pro ratio.
- A clinic is a group activity. Every effort is made to accommodate the number of participants at the clinic.
- Clinic cancelation policies: 15-30 days, 50% refund: within 14 days, no refund.

Please Submit Registration Application

Email: conditionedminds@gmail.com

If you have any questions, please call Rodney Zimmerman at (678) 615-8160