Athletes Name : _____

				SCORES	SCORES	% Improvement	SCORES
	PHYSICAL TESTS	**Area Tested**		**Test 1** Date : _____ Age : _____	**Test 2** Date : _____ Age : _____		**Test 3** Date : _____ Age : _____
1	Mat Jump Test (cms)	*Power*					
	Height (cms)						
	Overall Score						
2	10 Metre Sprint (secs)	*Speed*					
3	10 Metre Shuttle Run (metres)	*Speed Stamina*					
	(60 seconds non stop running)						
4	Press Ups	*Strength*					
	(20 seconds)						
5	3 Cone Pick (L)	*Lateral Speed*					
	3 Cone Pick (R)	*& Agility*					

SELF EVALUATION

How Fit are you today ?			
How Fast are you today ?			
How Strong are you today ?			