



Government of the Republic of Trinidad and Tobago

Ministry of Sport and Community Development

ELITE ATHLETE PROGRAMME

ANNUAL PERFORMANCE EVALUATION FORM

Please complete the form in CAPITAL LETTERS

First Name:----- Last Name:-----

Discipline:----- Date:-----

Personal Coach's or Manager's Contact Information

Name:----- Title:-----

Phone No:----- Fax:----- e-mail:-----

BEST PERFORMANCES

	20__	20__	20__	REMARKS
Best Times				
Best Performances				
Medals				

MEDICAL / INJURY

Has the athlete suffered from any injuries or medical problem in the last two years? If so, please indicate

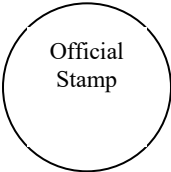
PREVENTATIVE PROGRAMME OF ACTIVITY

Please indicate planned preventative measures to be taken by the athlete to minimise injury.

I, the undersigned, on behalf of the Trinidad and Tobago Olympic Committee hereby certify that the information provided in this report is a true and honest representation of the athlete's performance under the Elite Athlete Programme and takes full responsibility for the accuracy of this statement.

(Name, Function and Signature)

(Date)



I, the undersigned, on behalf of the (Parent Association) _____ hereby certify that the information provided in this report is a true and honest representation of the athlete's performance under the Government's Elite Athlete Programme.

(Name, Function and Signature)

(Date)

