



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
<b>Best Times</b>				
<b>Best Performances</b>				
<b>Medals</b>				

**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**

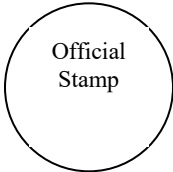
Please indicate planned preventative measures to be taken by the athlete to minimise injury.

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)

