



MKNX Athlete Profile/Application

Athletes Name: _____ DOB ____ / ____ / ____

Parent or Guardian Name(s):

Cell #'s: _____

Birthdate: _____

High School: _____

Team(s) he plays for now: _____

Years playing experience _____ **Pitching experience** _____

How many months of the year do you compete/play games: _____

How many months of the year do you train for pitching: _____

How many pitches did you throw in your most recent season: _____

How many pitches did you throw in last 12 months: _____

Do you participate in a long toss program?

No Yes, if yes how frequently?

Do you participate in a weight lifting program?

No Yes, if yes how frequently?

Do you participate in weighted ball program?

No Yes, if yes how frequently?

Do you participate in a velocity enhancement program?

No Yes, if yes how frequently?

Do you participate in an arm care program?

No Yes, if yes how frequently?

Last Radar Readings: Batting(exit)_____ (bat speed)_____ Pitching_____

Are you injured ANYWHERE?

I have experienced arm soreness: (circle one or more)

In my elbow, Front - Back - Inside - Outside (circle one or more)

In my shoulder, Front - Back - Side - Top (circle one or more)

Bicep or Tricep (circle one or both)

I've never experienced arm soreness

I would rate the pain of arm soreness in the previous question as:(circle one)

10 Excruciating 8 Severe 6 Considerable 4 Moderate 2 Mild

I would describe the frequency of the pain as:

_____Frequent/Chronic

_____Common/Happens a lot

_____Seldom/Only w/ large pitch totals

_____Very rare/Almost never

I actually visited a doctor for the pain _____Yes _____No

If yes, what was the diagnosis:

If you fail to pitch well this happens most often:(circle one)

I get hit hard I fall apart mentally I walk a lot of batters

If you fail to throw strikes consistently.....(circle one)

I'm mostly high I'm mostly low I'm mostly inside I'm mostly outside

If I struggle in a game....it is usually: (circle one)

Early – I just can't get in the groove

Late – I start out strong but fade as I go

What does your pitching repertoire consist of and rank them in effectiveness:

_____2-Seam Fastball

_____4-Seam fastball

_____Cut Fastball

___ **Changeup**

___ **Curveball**

___ **Slider**

___ **Sinker**

___ **Split Finger**

___ **Knuckler**

What percentage of the time do you throw each pitch in your repertoire:
(ie, 2-Seam 50% of the time, Curveball 20%, Changeup 30%)

___ % Fastball

___ % _____

___ % _____

When I get to pitch my pitch count is limited to:

100+ 90 80 70 60 50 40 There is no pitch limit that I know of

I would consider myself:

___ An exceptionally serious student of pitching
pitching

___ A serious student of

___ A part-time student of pitching
student

___ Just a pitcher...not a

I think the key to good pitching is:

RANK ONLY THE TOP 5; 1=MOST IMPORTANT, 2=2ND MOST IMPORTANT.....

___ Throwing it by them

___ Mixing locations

___ Hitting my spots

___ Changing speeds

___ Making the ball move

___ Throwing Strikes

What performance measurements do you expect to see improvement in:
1=MOST IMPORTANT, 2=2ND MOST

PITCHING: ___ increased velocity ___ improved control/strike %

___ reduced risk of arm injury

___ more strikeouts

___ increased stamina

___ increased confidence

___ adding a 2nd or 3rd pitch

What are your basic expectations from this training? _____

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE:

As parent or legal guardian for _____ (the "Participant") I hereby give my consent to Participant's participation in the program to be held by MKNX Pitching University. I acknowledge that participation in the program involves the risk of personal injury to Participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the Program, I, on my own behalf and on behalf of Participant, Participant's heirs, administrators, executors, and assigns, hereby (i) fully release and discharge MKNX Pitching University and all of its and their respective officers, agents, employees, shareholders, and partners and representatives from any and all claims, demands, liabilities, or causes of action of whatsoever kind or nature, in longevity or otherwise, which hereinafter may accrue against them and which in any way arise as a result of Participant's participation in the Program, regardless of whether based on fault or negligence of the Releasees, (ii) covenant not to sue any of the Releasees for any matter relating to Participant's participation in the Program, and (iii) indemnify, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorneys' fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. I have read this Waiver and General Release and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without limitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasee

Signature _____ Date _____