

**ATHLETIC DEVELOPMENT CHECKLIST**  
*steps in the pathway to long-term athletic success*

<p><b>FUN</b>  <i>I enjoy playing my primary sport(s).  I look forward to practices and games.</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>SLEEP</b>  <i>I get 9-12 hours of sleep at night and go to bed early before games.</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>NUTRITION</b>  <i>I avoid junk food, eat fruits, vegetables and other healthy choices.</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>HYDRATION</b>  <i>I drink mostly water and avoid sugary drinks like soda, juice and sports drinks.</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>PRACTICE</b>  <i>I practice my sport(s) on my own and/or play pick up sport(s).</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>WEAKNESSES</b>  <i>I intentionally focus on improving areas of weakness (e.g. opposite foot in soccer).</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>INJURY PREVENTION</b>  <i>I stretch regularly, practice my agility, balance and coordination (e.g. agility ladder).</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>STRENGTH &amp; CONDITIONING</b>  <i>I practice my speed and endurance (e.g. sprints).  I practice body resistance exercises (e.g. push-ups).</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>SCHEDULE</b>  <i>I balance my schedule between sports and school. I'm careful about screen time.</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>PHYSICAL DEVELOPMENT</b>  <i>I learn to use my body effectively in sports (as a late or early bloomer).</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>MULTIPLE SPORTS</b>  <i>In addition to my primary sport, I play other sports competitively or recreationally.</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	
<p><b>MENTAL SKILLS</b>  <i>I learn and practice skills such as goal setting, stress management, pregame routines, visualization, and self-talk .</i></p>	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Less of the time	