

Athlete Profile

Name: _____ E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ What are the best times to reach you? _____

Birth date: _____ Age: _____ Gender: Male Female

Height: _____ Weight: _____

Other personal information:

Occupation: _____ Hours Per Week: _____

Married? ___Yes ___No Children? ___Yes ___No

How did you hear about these coaching services? _____

Medical History

Date of Birth: ____-____-____ Age: _____

Emergency Contact (1): Name: _____ Phone: _____

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Please list any medications, vitamins & supplements taken on a regular basis (dose and frequency):

Are you allergic to any medications? ___NO ___YES If yes, please explain:

Please list any current illness, recent injuries, recent surgeries or past medical problems or surgeries of note.

Do you have, or have you had, any of the following?

Heart Disease _____ Asthma _____ Heart Attack _____ Wheezing _____ Heart Surgery _____

Diabetes _____ Heart Murmur _____ Epilepsy _____ Hypertension _____ Anemia _____

Thyroid Problems _____ Stress Fracture _____ Chronic Injury _____ Chronic Pain _____

If female, is there any chance you could be pregnant? ___NO ___YES

Do you visit a chiropractor? _____ Get regular massage? _____ Stretch? _____ Do yoga? _____

Are you currently recovering from any injury or illness? Explain:

Any special medical needs or information the coach should be aware of?

Current Fitness Assessment

1. What is your waking pulse? _____ BPM What is your average resting heart rate? _____ BPM

How is your current fitness level compared to your highest fitness level over the past five years.?

Better _____ About the same _____ Worse _____

Describe your current training week including frequency, time (duration) and type of exercise.

Describe your longest single workout in the last four weeks (i.e. bike ride, endurance run): _____

How many total hours per week do you have available for training Monday through Sunday? _____

Please list exactly when and how much time you have available for training?

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

Would you prefer your longest workout of the week to be scheduled on Sat? _____ Sun? _____ Other _____

How many days per week would you prefer to take off from training? _____

What is your number one goal of this season (be specific)?

Equipment and Other Information

1. Do you own a heart rate monitor? _____ If so, what brand and model? _____

What is the highest heart rate you have noticed while running? _____ During cycling? _____

3. Please check off the equipment that you own or have access to:

Triathlon Bike Road Bike Resistance Trainer Bike Computer (list features: _____)

Running Track Treadmill Pool Hand Paddles Swim Fins Nautilus® Type Weights Free Weights

Elliptical Machine Open Water Steep, Short Hill Longer, Moderate Grade Hill

At the end of four weeks, how will you judge if your training program is working?

At the end of this season, how will you judge if this training program was successful?

Why do you train and compete in endurance sports (be honest)?

The success of your training plan is directly dependent on your ability to do the workouts as prescribed, log your data into Training Peaks and/or other specified training program in a timely manner, communicate with your coach in a meaningful way, ask questions if you don't understand a workout, respect your recovery, follow proper nutritional guidelines and set realistic training and racing goals. Are you fully prepared to commit to a minimum of (3) months of training in order to see results?

Name _____ Signature _____ Date _____