

Athlete Profile

Name:		E-mail Address:	
Street Address:			
City:			
Phone: ()	_ What are the best tin	nes to reach you?	
Birth date: Age:	Gender: Male Female		
Height: Weight:			
Other personal information:			
Occupation:	Hours Pe	r Week:	
Married?YesNo Children?Ye	esNo		
How did you hear about these coaching se	rvices?		
Medical History			
Date of Birth: A	Age:		
Emergency Contact (1): Name:		Phone:	
Emergency Contact (1): Name:		Phone:	
Please list any medications, vitamins & sup	pplements taken on a regi	ular basis (dose and frequency):	
Are you allergic to any medications?N	NOYES If yes, plea	ase explain:	
Please list any current illness, recent injuri	es, recent surgeries or pas	st medical problems or surgeries of note.	

Do you have, or have	e you had, any of the	following?			
Heart Disease	Asthma	Heart Attack	Wheezing	Heart Surgery	
Diabetes	Heart Murmur	Epilepsy	Hypertension	Anemia	
Thyroid Problems	Stress Fract	ure Chronic	Injury Chro	onic Pain	
If female, is there an	y chance you could b	e pregnant?NO	YES		
Do you visit a chirop	ractor?	Get regular massage? _	Stretch?	Do yoga?	
Are you currently rec	overing from any inju	ry or illness? Explain:			
Any special medical	needs or information	the coach should be a	ware of?		
Current Fitness A	ssessment				
1. What is your wakir	ng pulse?	BPM What is you	average resting heart	rate? BPM	
How is your current f	itness level compare	d to your highest fitne	ss level over the past f	ve years.?	
Better A	bout the same	Worse	_		
Describe your curren	t training week inclu	ding frequency, time (c	luration) and type of ex	kercise.	
Describe your longes	st single workout in tl	ne last four weeks (i.e.	bike ride, endurance r	un):	
·			ng Monday through Su	nday?	
·		ne you have available	_		
MONTUE	S WED	THURS	FRI SAT	SUN	
Would you prefer yo	ur longest workout of	the week to be sched	uled on Sat?	Sun? Other	
How many days nor	week would you prefe	er to take off from train	ning?		

Performance Readiness

Please exp	lain any "Yes"	answers in the space below.
Yes	No	Has a doctor ever said that you have a heart condition and recommended only medically supervise physical activity?
Yes	No	Do you have chest pain brought on by physical activity?
Yes	No	Have you developed chest pain within the last month?
Yes	No	Do you tend to lose consciousness or fall over as a result of dizziness?
Yes	No	Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
Yes	No	Has a doctor ever recommended medication for high blood pressure or a heart condition?
Yes	No	Are you aware, through your own experience or a doctor's advice, of any other physical reasons against your exercising without medical supervision?
Explain:		
Yes	No	Do you have any metabolic diseases, controlled or uncontrolled, such as diabetes, hyperthyroidism hypothyroidism, etc.?
Yes	No	Do you, or have you ever, smoked regularly?
Yes	No	Do you have high cholesterol
Yes	No	Are you, or have you ever been, anorexic or bulimic?
Yes	No	Are there any other physical or emotional problems that may affect your training (i.e. depression)?
Explain:		
Racing a	nd Perform	ance Goals
we may su (*) – these	ggest you cha are the most	plan on competing in this year. We understand this schedule is subject to change (in fact, nge it). Please notify us if this schedule does change. Please mark your "high priority" events with a important events of the racing season to you. Only designate a few events as "high priority" as we we dule to taper and peak for them.
Date	Event	Distance Goal Time/Place

What is your number one goa	il of this season (be specific)?	
Equipment and Other In	formation	
1. Do you own a heart rate mo	onitor? If so, what brand and model? _	
What is the highest heart rate	e you have noticed while running?	During cycling?
3. Please check off the equip	ment that you own or have access to:	
Triathlon BikeRoad I	BikeResistance TrainerBike Computer (l	ist features:
Running TrackTreadn	millPoolHand PaddlesSwim Fins	Nautilus® Type WeightsFree Weights
Elliptical MachineOp	pen WaterSteep, Short HillLonger, Mode	erate Grade Hill
At the end of four weeks, how	wwill you judge if your training program is working	?
At the end of this season, how	w will you judge if this training program was succes	ssful?
Why do you train and compet	te in endurance sports (be honest)?	
Training Peaks and/or other sask questions if you don't und	plan is directly dependent on your ability to do the specified training program in a timely manner, comberstand a workout, respect your recovery, follow person fully prepared to commit to a minimum of (3)	municate with your coach in a meaningful way, proper nutritional guidelines and set realistic
Name	Signature	Date