

Athlete Information



Contact Info

Name	E-mail
Phone (day)	Phone (eve)
Address	City
	Postal Code
Emergency Contact	Emergency Contact Phone

Personal Profile

Male <input type="radio"/> Female <input type="radio"/>	
Date of birth	Age
Occupation	
Days/hours of work	
Family	
Please describe your personality	

Racing Plans

Priority event and goal time
Long term goals

Past Experience in Sport

Recent history
Early in life

Training Information

Present training routine
Group workouts
Realistic training availability
Mon Tues Wed Thurs Fri Sat Sun
am
pm
Strengths
Weaknesses
Level of nutrition knowledge for training and racing
Personal equipment available: HR monitor <input type="checkbox"/> , trainer <input type="checkbox"/> , wattage meter <input type="checkbox"/> , treadmill <input type="checkbox"/> , weights <input type="checkbox"/> , bands <input type="checkbox"/> , ball <input type="checkbox"/> , access to pool <input type="checkbox"/> , access to gymn <input type="checkbox"/>
Major commitments outside of athletics this year

Medical Information

Medications that may affect training
Allergies
Medical conditions that your coach should be aware of
Injuries/Illnesses present
Current Therapies
Waiver complete <input type="radio"/>
ParQ complete <input type="radio"/>

Payment Information

Lactate Testing + Consultation (pre-payment r	\$125 x 4 = \$500
Local Coaching Cheques/Paypal	\$190/mth
Distance Coaching Cheques/Paypal	\$130/mth
Program start date	