



Athlete Profile

Name: _____ Age: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Previous Training (last 6 months - 1 year)

Frequency: _____

Intensity: _____

Time: _____

Type: _____

Previous Fitness Testing

Previous Racing Experience

Schedule of available time: (provide available time in hours of time you can dedicate to training)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Training Goals:

1. _____
2. _____
3. _____

Target Events:

1. _____
2. _____
3. _____

Do you have any history of blood born illness?:

- Yes
No

Past Injuries: Please provide a brief explanation:
