



COACHING CONTRACT

I hereby contract Start-Tri.Com as my personal coach for endurance sports. I agree to pay for coaching services up front at the rate of \$255/month for the Tier I package, \$165/month for the Tier II package or \$90 a month for the Tier III package. I agree that should I require any one-on-one coaching outside the time included in my monthly coaching package that I am expected to pay a rate of \$85 an hour for said services. I understand that these services can, at my discretion, either be billed as one complete hour or split into two half hour sessions. I understand that ALL services I require are to be billed and paid for up front before I receive said services.

WAIVER AND RELEASE FROM LIABILITY

In consideration of being accepted as a client by Start-Tri.com for the purposes of improving my fitness, I hereby attest that I am in good health, that my statements in the Athlete Questionnaire are accurate to the best of my knowledge, and that my physical condition has been verified by a licensed medical doctor. I fully understand the risk inherent in such a fitness program and accept for myself, my heirs, and my personal representatives full responsibility for personal bodily injury, death, or property losses that may occur as a result of my being a part of this program or engaging in training sessions. I hereby indemnify and save and hold harmless Jason Norman, Mickey Cassu and Start-Tri.com from any loss, liability, damage, and cost I may incur due to my participation in this program. I have read and voluntarily signed the waiver and release from liability, and further agree that no oral representatives, statements, or inducements apart from the foregoing written agreement have been made. I also understand that throughout my training Start-Tri.com may conduct various testing (sometimes blood) establishing heart rate, wattage, and pace zones to enhance and aid in making my training more efficient and effective. I understand and have been informed that these results have been calculated from test results that may not be 100% accurate and are therefore not meant to be substituted for common sense and sound judgement on my part. Although I have been instructed to follow these training zones I am under the understanding that if I am working out and feel any abnormality, physically or mentally, as a result of keeping in the instructed zone I am to stop and consult a physician immediately.

By signing below, I agree to the above Contract and Release from Liability.

Please PRINT your full name _____
Signature _____ Date _____
Guardian if under 18 (Print name) _____
Signature _____ Date _____

**EMAIL THIS PACKET TO jason@start-tri.com OR FAX THIS PACKET TO (201)-253-0131
CALL 201-889-3244** with any questions. Retain a copy of this Contract and Release for your records.



PERSONAL INFORMATION

Name: _____ Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax Number: (_____) _____ Email Address: _____

At which number can we contact you?

What are the best times to reach you?

Would you prefer workouts by email, fax or internet?

Birthdate: _____ Age: _____

Height: _____ Weight: _____

Other personal information:

Occupation: _____ Hours per week: _____

Married? Children?

How did you hear about our coaching services? (please be specific)

Emergency Contact Information

Name: _____

Street Address: _____

City/State: _____

Zip: _____

Phone Number: [_____] _____

Personal Physician:

Name: _____

Street Address: _____

City/State: _____

Zip: _____

Phone Number: [_____] _____



Medical History:

Please list any medications taken on a regular basis (prescription and non-prescription)

Allergies

Do you have any allergies or allergic reaction to any medications? Is so, please list and explain:

Past and Current Medical History

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

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

	Yes	No		Yes	No
Heart Disease			Asthma		
Heart attack			Wheezing		
Heart surgery			Diabetes		
Heart murmur			Epilepsy		
Hypertension			Anemia		
Thyroid problems					

If female, any chance you could be pregnant? Yes / No

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



ATHLETIC HISTORY

1. Please list the sports and activities in which you have participated most often throughout your life. Include duration participated, how long ago, how competitive you were, and any other comments.

2. List your best (or favorite) race results, events, times, place, conditions, and so on.

3. On average, how many miles or hours per week did you train in the last year? _____

4. Have you ever done any strength resistance training? _____

4a. Do you think it helped your performance? _____

5. Do you feel you have ever "overtrained"? If yes, please describe the type and amounts of training you were doing at the time.

6. Do you have any chronic injuries from any sport or activity that may flare up or should be taken into consideration in developing your training plan?

7. What do you feel are your strengths and weakness as an endurance athlete?



CURRENT FITNESS LEVEL INFORMATION

1. What is your resting heart rate? _____

If you don't know you can test it by simply taking it when you wake up in the morning. Make sure that you give yourself 5-10 minutes of relaxing deep breathing while lying down AFTER you've shut the alarm off, gotten up and gone to the bathroom, and hooked up your heart rate monitor. Once you've done all that and 5-10 minutes has gone by relaxing you back down to an almost restful state then take your heart rate for 30 seconds. Double the number of beats and you have your resting heart rate.

2. Rate your current fitness level 1-5 (5 being the best, 1 being the worst) compared to your highest level in the past five years.

3. Describe your current training week. If you keep a training log include a copy of your last week.

4. Is this more, less, or the same as a normal training week for you? _____

5. Describe your longest single workout in the last three weeks: _____

6. How many hours per week do you spend training right now? _____

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

MON _____ TUES _____ WED _____ THURS _____

FRI _____ SAT _____ SUN _____

8. How many days a week do you take off from training? _____

8a. Ideally, how many days would you like to take off from training? _____

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



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Please explain any 'Yes' answers in the space below

- 1. Has a doctor ever said that you have a heart condition and recommended only medically supervised physical activity?
- 2. Do you or have you ever had chest pain brought on by physical activity?
- 3. Have you developed chest pain within the last month?
- 4. Do you tend to lose consciousness or fall over as a result of dizziness?
- 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
- 6. Has a doctor ever recommended medication for high blood pressure or a heart condition?
- 7. Are you aware, through your own experience or a doctor's advice, of any other physical reasons against your exercising without medical supervision?

Explain: _____

Other health history questions:

- 8. Do you have any metabolic diseases controlled or uncontrolled, such as diabetes, hyperthyroidism, hypothyroidism, etc.?
- 9. Do you, or have you ever, smoked regularly?
- 10. Do you take any drugs or medications?
- 11. Are you, or have you recently been, pregnant?
- 12. Do you have high cholesterol?
- 13. Have you had any surgery in the past year?
- 14. Have you ever had an injury that caused you to stop exercising for more than a week?
- 15. Are you, or have you ever been, anorexic or bulimic?
- 16. Are there any other physical or emotional problems that may affect your training?

Explain: _____



EQUIPMENT AND OTHER INFORMATION

- 1. Do you own a Heart Rate Monitor? ... If so, what brand/model?
2. Do you own a Power Meter? ... If so, what brand/model?
3. What's the highest heart rate you've had while Running? ... Cycling? ... Swimming?
4. Please check off the equipment you have or have access to:

- ___ Triathlon Bike
___ Resistance Trainer
___ Rollerblades
___ Treadmill
___ Nautilus Type Weights
___ Rowing Ergometer
___ Steep, Short Hill
___ Mountain Bike
___ Running Track (1 lap = ?)
___ Pool (yards or meters?)
___ Open Water
___ Free Weights
___ StairMaster/Stepper
___ Longer, Moderate-grade Hill
___ Water Jog Vest
___ Spin Bikes
___ Gym Membership
___ Yoga Classes
___ Water Jog Vest
___ Nordic Track
___ Bowflex
___ Indoor Bike Trainer
[what kind?]
___ Bike Computer
[list features:]
___ Swim Workout Equipment
[list:]

- 5. At the end of this month how will you judge if your training plan is working?
6. At the end of this season how will you judge if this training plan was successful?
7. Why do you train and compete in Endurance Sports (be honest)?