



**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

What are the best times to reach you? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_ Typical Hours/week: \_\_\_\_\_

Married? Y | N Children? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_



## MEDICAL INFORMATION

### Personal Physician:

Name: \_\_\_\_\_

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? If 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			COVID-19		

If female, any chance you could be pregnant? Y | N

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

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## 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.

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

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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.

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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?

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

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## 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.

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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:

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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:

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## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

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

Please Explain any Yes answers:

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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:

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## RACING AND PERFORMANCE GOALS

List below all the events you plan on possibly competing in this year. We understand this schedule is subject to change (in fact, we may suggest you change it). Please notify us if this schedule does change.

**HIGH PRIORITY EVENTS (A RACES)** These are the most important events of the racing season to you. There should be only a few of these because we will design your training schedule to taper and peak for them.

Date	Event	Distance(s)	Goal Time / Place
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**MEDIUM PRIORITY EVENTS (B RACES)** These are the events you want to do well, but are not the focus of your season. We may rest for these events, but usually they will be thought of as race pace “workouts” to sharpen up for the high priority events.

Date	Event	Distance(s)	Goal Time / Place
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**LOW PRIORITY EVENTS (C RACES)** These are the events of least importance to you. They are “fillers” to your season and you will most likely compete for fun and for a good workout. Do not include too many of these events, however, as they may detract from the focus of your season.

Date	Event	Distance(s)	Goal Time / Place
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## 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)?  
\_\_\_\_\_  
\_\_\_\_\_