

# Athlete Profile



## Personal Information

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Best way to get a hold of you: \_\_\_\_\_ USAT/USAC/USATF Lic #: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Email: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

## Goals

Long Term Goals: \_\_\_\_\_  
Short Term Goals: \_\_\_\_\_  
*(Be realistic)*

## Races

Grade A Race: \_\_\_\_\_  
(This race is the main race you will be training for the current season)  
Grade B Races: \_\_\_\_\_  
(This are secondary races in which can be used for training purposes such as Sprint Tri, Olympic Tri or Half Marathon)  
Grade C Races: \_\_\_\_\_  
(These are races that are used just for fun such as a 5k, 10k or Sprint Tri)

## Athletic Development

### Past Athletic Experience

(Any kind of sports you have practiced in the past such as running, cycling or swimming. If so what kind of development)

What level athlete are you: *(please circle one)*

Novice      Intermediate      Elite

**Schedule Availability: (I need specific times)**

| Time:  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|--------|---------|-----------|----------|--------|----------|--------|
| AM     |        |         |           |          |        |          |        |
| Midday |        |         |           |          |        |          |        |
| PM     |        |         |           |          |        |          |        |

**How many hours do you actually have during the week to train? Taking in consideration that you have to sleep, eat and work.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                      |
|----------------------|
| <b>Questionnaire</b> |
|----------------------|

Please complete the following questions.

- 1. Do you own a hear rate monitor? YES or NO
  - a. Brand and Model: \_\_\_\_\_
- 2. Do you have a bike? YES or NO
  - a. Brand and Model: \_\_\_\_\_
- 3. Do you own a power measuring device? YES or NO
  - a. Brand and Model: \_\_\_\_\_  
(SRM, PowerTap, Polar S710, etc)
- 4. Do you have a home computer? YES or NO
- 5. Do you have access to a gym? YES or NO
  - a. Does it have a pool: YES or NO
- 6. Have you ever competed in sports before? YES or NO
- 7. Have you ever hired a coach before? YES or NO
  - a. If so, who and what happened: \_\_\_\_\_
- 8. With your goals in mind, what do you think would interfere with that goal?
  - b. \_\_\_\_\_
- 9. What do you think is holding you back?
  - a. \_\_\_\_\_
- 10. Are you willing to make short-term sacrifices for long term-success? YES or NO
- 11. Are you willing to follow a coaching plan in order to reach your goals? YES or NO

|                        |
|------------------------|
| <b>Medical History</b> |
|------------------------|

**Personal Physician**

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

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

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

Phone: \_\_\_\_\_

**Emergency Contact**

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

Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Eve Phone: \_\_\_\_\_

## Medications

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

| Medication | Dose | Frequency | Reason |
|------------|------|-----------|--------|
|            |      |           |        |
|            |      |           |        |
|            |      |           |        |

Please explain:

## Allergies

Are you allergic to any medications? \_\_\_\_\_NO \_\_\_\_\_YES

If yes, please explain:

| Allergic to: | Reaction: |
|--------------|-----------|
|              |           |
|              |           |
|              |           |

## 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 | _____ | _____ | Stress fracture | _____ | _____ |

If female, any change you could be pregnant? \_\_\_\_\_NO \_\_\_\_\_YES

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

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# Acknowledgment Release Waiver from Liability

I acknowledge that training for and/or participating in a swimming, biking, running, duathlon or triathlon event or program is an extreme test of a person's physical and psychological limits and such training or participation poses potential risks for serious bodily injury, death, or property damage. With full understanding of the risks I am taking, **I HEREBY ASSUME ALL RISKS OF TRAINING FOR AND PARTICIPATING IN SUCH EVENTS AS STATED ABOVE** and agree to the following (initial each space to which you agree):

\_\_\_\_\_ Tri Peak Athlete, LLC has been retained to assist me in improvement of my health, fitness and performance.

\_\_\_\_\_ I hereby attest that I am in good health and my physical condition has been verified by a licensed medical doctor, who has released me to participate in strenuous physical activity.

\_\_\_\_\_ In consideration of being accepted as a client of Tri Peak Athlete, LLC, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf: (a) I **WAIVE, RELEASE, AND DISCHARGE** from any and all claims, costs, or liabilities for death, personal injury or damages of any kind, which arise out of or relate to my training or participation in a swimming, biking, running, duathlon, or triathlon event, **THE FOLLOWING ENTITY:** Tri Peak Athlete, LLC (b) **I AGREE NOT TO SUE** Tri Peak Athlete, LLC for any of the claims, costs, or liabilities that I have waived, released, or discharged herein; and (c) **I INDEMNIFY, DEFEND, and HOLD HARMLESS** Tri Peak Athlete, LLC from any claims made or liabilities assessed against them as a result of my actions except those resulting from the willful acts or negligence Tri Peak Athlete, LLC.

\_\_\_\_\_ I agree to pay Tri Peak Athlete, LLC the agreed upon monthly fee for coaching on the first day of each month OR the one time fee disclosed by Tri Peak Athlete, LLC. I understand that I will be allowed a five-day grace period applied to the monthly coaching if needed.

\_\_\_\_\_ I understand that this contract for monthly coaching services is on a month-to-month basis and can be terminated without cause by either Tri Peak Athlete, LLC or I with 14 days written notice.

\_\_\_\_\_ **I AFFIRM THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS AND AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|   |                  |
|---|------------------|
| I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT CONTENTS: |                  |
| PRINT NAME: _____   | SIGNATURE: _____ |
| DATE: _____   |                  |