



ATHLETE START UP QUESTIONNAIRE

The first step in the coaching process is filling out the athlete questionnaire. Once completed, email back to me.

General/Medical

1. Name
2. Address
3. E-mail
4. Phone _____ Best # to reach you _____
5. Emergency Contact (Name and phone)
6. Birthday ___/___/___ Age _____ Height _____ Weight _____
7. Body Fat % _____ Resting heart rate _____ Blood pressure _____

Please list all muscular skeletal injuries you have experienced (type; date; treatment)

8. Medical conditions
9. Surgery in past year (type; date; treatment)
10. Do you have any condition that will limit high intensity exercises?
11. Medications and supplements you are taking:
12. Last physical exam
13. What sport(s) are you seeking coaching for?
14. What are your secondary events and format.

15. Do you have a specific performance goal this season?

16. What is your dream goal (i.e. complete an Ironman, marathon, ultra, etc.)

17. How many races did you compete in last year?

18. Why do you compete?

19. Describe your strengths as an athlete

20. Describe your weaknesses as an athlete

21. **Rate the following with the selection that best describes you
(Poor; Good; Excellent)**

- Amount of time available per week to train
- Injuries
- Overall health
- Discipline
- Strength
- Power
- Flexibility
- Mental toughness
- Weight
- Do you know your VO2 max?
- Do you know your lactate threshold?

Athletic History

21. List your favorite sport and years of participation

Sport	Years	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Do you strength train? If yes, please describe (machines or free weights); days per week; sets; reps; resistance, etc.

24. Have you ever had an exercise related injury which caused you to stop exercising for a week or more? Describe

25. If you have competed in previous races, please list your best race results:

Events & Dates	Results
_____	_____
_____	_____
_____	_____
_____	_____

Current Athletic Information

26. What is your most important goal for the season? Please rank them 1-2-3.

- 1.
- 2.
- 3.

27. List your past week's training schedule below. If available, send a copy of your last two month's training log

Day	Type of Workout	Duration	Intensity (low/med/high)
Mon.	_____	_____	_____
Tues.	_____	_____	_____

Wed.	_____	_____	_____
Thurs.	_____	_____	_____
Fri.	_____	_____	_____
Sat.	_____	_____	_____
Sun.	_____	_____	_____

28. What is your longest workout in the last three weeks? _____duration _____type

29. How many weekly hours are you available to train? Be realistic.

30. Indicate the days of the week you are available to train by checking next to it. Indicate the type of sport you would like to train on a particular day and total amount of available time to train on that day (Ex. Thurs. bike 1.5hrs).

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

31. Do you have any of the following: _____Heart rate monitor____Wind trainer/stationary trainer_____Cycling computer with cadence _____Computrainer or other power meter device (if so, what kind?) _____

32. Do you have access to a track?

33. Do you run with a running club?

34. Do you ever train with a group and if so, what sports?

35. Do you have access to a pool and if so, what size?

36. Do you have access to a masters swimming program?

37. Do you own a heart rate monitor and if so, are you familiar with it? ___ yes ___no

_____brand _____not familiar _____somewhat_____very

38. What is the highest heart rate you have observed during exercise and during which sport?

39. Do you know your lactate threshold heart rate for any sport? If so, list which sport and how it was determined.

Nutrition/Diet

40. How would you self rate your diet – including number of snacks per day and number of meals per day.

41. Do you eat breakfast? If so, what is your typical breakfast?

42. If you have a weight loss goal – how much do you want to lose?

43. How many years at your current weight?

44. Have you ever been diagnosed with an eating disorder?

45. Do you take any vitamins and/or supplements? If so please be specific and list

46. What do you eat before you work out?

47. Alcoholic beverages per wk. ____ Caffeinated drinks per day __ Sodas per day ____

48. Glasses of water per day (approx. 8oz.) _____

49. What is your typical lunch?

50. What is your typical dinner?

51. What do you perceive as your greatest dietary deficiency?

52. What time of day do you typically work out?

53. What do you eat/drink during workouts?

54. What do you eat/drink for recovery after workouts?

Lifestyle and Stress level

55. Occupation (optional)

56. On a scale of 1-10, how would you rate your stress level at work or school?

57. Does your spouse, significant other or another family member share an interest in the sport?

How did you hear about us?

Website _____ Another Coach or Athlete _____ Ad _____ Other _____

Anything else you would like to tell us about yourself?

TRAIN SMART COACHING WAIVER:

This form is an important legal document. It explains the risks you are assuming by participating in an exercise program. It is critical that you read and understand it completely. After you have done so, please print and sign your name legibly in spaces provided at the end of this form.

RELEASE OF LIABILITY

By participating in physical training and racing activities, I acknowledge and accept and assume the risk inherent therein. I certify that I am physically fit and have not been advised against participation by a qualified professional. I WAIVE, RELEASE, AND DISCHARGE from any and all claims, losses or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bill, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in the training programs discussed above or racing activities directed by **Train Smart Coaching, Sherry Shelton and all of her contractors and/or associates.**

THIS RELEASE INCLUDES CLAIMS, LOSSES OR LIABILITIES CAUSED OR CLAIMS TO BE THE RESULT OF THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OF OMISSIONS OF THE PERSONS I AM RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OF OMISSIONS OF ANY OTHER PERSON OR ENTITY.

I assume the risk of running, biking, swimming, and resistance training, or the participation in any racing or training event. I also assume any and all other risks associated with the training program or racing activities, including but not limited to falls, or effect of any other participants, effects of weather, including heat and/or humidity, defective equipment, the condition of the roadways, water hazards, contact with other participants, and any hazard that may be posed by vehicular traffic or pedestrians, all such risk being known and appreciated by me. I further acknowledge that these risks that may be the result of the negligence of the persons released herein. I agree to indemnify and hold harmless the persons released herein from any and all claims made or liabilities assessed against them as a result of my actions or inaction's, the actions of the negligence of others, including those parties hereby indemnified or any other harm caused by an occurrence related to **Train Smart Coaching or Sherry Shelton's** training programs and activities. It is further understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I affirm that I am eighteen (18) years or older, I have read, understand and agree to the terms of the above waiver.

Print Name _____

Signature _____ Date _____