

Athlete Profile



Tri Peak Athlete

Achieve Your Peak Performance

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: _____
(These 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.

Questionnaire

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**

Medical History

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?

Acknowledgment Release Waiver from Liability/Media

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

I acknowledge that a triathlon, duathlon, or a multi-sport event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event(s) and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by **Tri Peak Athlete** in consideration for allowing me to become a member in **Tri Peak Athlete** and are being relied upon by **Tri Peak Athlete** and the various coaches, organizers administrators in permitting me to participate in any **Tri Peak Athlete** workout, clinic or event.

Media

By signing below, I give my consent to the **Tri Peak Athlete** to use the athlete's name, comments, photograph and likeness in order to promote the **Tri Peak Athlete**. I also certify that I am the legal guardian of the athlete with the right to give this consent. I understand that the student may be photographed or videotaped. I understand that the student may be called upon by journalists to answer questions about his or her involvement in the **Tri Peak Athlete**, and I will also allow the athlete to speak to any media via phone or in person.

In consideration for allowing me to become a member of **Tri Peak Athlete** and allowing me to participate in **Tri Peak Athlete** events, 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, and I expressly acknowledge that it is my intent to take these actions:

- a. THE UNDERSIGNED HERBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA OR **Tri Peak Athlete** it directors, officers, employees and agents (HEREINAFTER REFERRED TO AS "RELEASEES") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA or **Tri Peak Athlete** , without respect to location or coaches.

