



ATHLETE QUESTIONNAIRE

Instructions:

1. Please complete this questionnaire as fully as possible. If you are unsure of any information or if it does not apply to you, leave it blank.
2. Be sure to read and sign the Acknowledgement, Waiver and Release on page 12 and complete the billing authorization form on the following page.
3. Return the completed questionnaire and billing authorization form to:

Mid-Atlantic Multisport, LLC
P.O. Box 1414
Malvern, PA 19355
4. You may also fax your completed application to (610) 788-2105.



CONTACT INFORMATION

Name _____

Street _____

City _____ State _____ Zip _____

Phone:

Work (____) ____ - _____ Fax (____) ____ - _____

Home (____) ____ - _____ Cell (____) ____ - _____

E-mail: _____

Desired service level (see midatlanticmultisport.com for details):

Premium _____ Performance _____ RoadMAP _____

When would you like to start?

As soon as possible _____ Other _____

PERSONAL INFORMATION

Birth date ____/____/____ Age _____

Height _____ Weight _____

Occupation? _____

How many hours do you typically work each week? _____

Marital Status _____ Spouse's name _____

Do you have any children? _____

If yes, how many? _____ Ages? _____

ATHLETIC BACKGROUND

How many years have you been swimming? _____

How many years have you been cycling? _____

How many years have you been running? _____

List other significant athletic accomplishments including other sports that you have participated or competed in:

Please list your *most recent* race results and times.

For triathlons, please include swim, bike and run time splits.

Date	Event	Time	Place (age group/overall)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your personal *best times* at each of the following distances in which you have competed.

SWIMMING:

(Please specify whether yards/meters, long course/short course, with/without wetsuit and whether completed as single-event or part of a triathlon)

100 _____ Date _____

400 _____ Date _____

1500/1650 _____ Date _____

1.2 mile _____ Date _____

2.4 mile _____ Date _____

CYCLING:

10 miles _____ Date _____

40 km _____ Date _____

56 miles _____ Date _____

112 miles _____ Date _____

Other _____ Date _____

RUNNING:

5-K _____ Date _____

10-K _____ Date _____

Half Marathon _____ Date _____

Marathon _____ Date _____

Other _____ Date _____

CURRENT FITNESS AND TRAINING HABITS

Rate you current fitness level (1=worst ever; 10=best ever)? _____

Do you know your resting heart rate? YES NO

If yes, what is it? _____beats per minute

How/where was it determined? _____

Do you know your maximum heart rate? YES NO

If yes, what is it? _____beats per minute

How/where was it determined? _____

Do you know your anaerobic or lactate threshold heart rate? YES NO

If yes, what is it? _____beats per minute

How/where was it determined? _____

Do you train with a heart rate monitor? YES NO

Which brand/model? _____

Do you maintain a training log? _____

If yes, please attach a copy showing a typical week's entries.

Please describe your typical training week. Be as detailed as possible.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

On average, how much do you currently train in a typical week?

Activity	Sessions/Week	Hours/Week	Distance/Week
Swimming	_____	_____	_____ yards/meters
Cycling	_____	_____	_____ miles
Running	_____	_____	_____ miles
Weights	_____	_____	
Other	_____	_____	Describe: _____
TOTAL	_____	_____	

At what pace do you currently do the majority of your running? If you train at different paces, please describe.

What is the *maximum* number of hours that you will have available to train during the highest volume weeks of your training plan? (You will *not* be training this number of hours on a regular basis!)

What has been your longest training session in each of the following disciplines during the past two months?

Swimming _____ hours _____ yards/meters

Cycling _____ hours _____ miles

Running _____ hours _____ miles

Can you vary your training time from week to week or do you need to train the same hours each week?

Using the grid below, place an "O" in each time slot where you typically are **able to train**. Place an "X" in each time slot where you **cannot** or **prefer not to train**. If you prefer to do a particular activity (ex., "group run", "long ride", "recovery swim") at a specific time each week, please indicate that on the grid as well.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							

Do you swim with an organized club or group?

If yes, name of group/club _____

Group swim practice days and times _____

Describe typical group workout (i.e., distance, time, intensity)

Do you ride your bike with an organized club or group?

If yes, name of group/club _____

Group ride days and times _____

Describe typical group workout (i.e., distance, time, intensity)

Do you run with an organized club or group?

If yes, name of group/club _____

Group run days and times _____

Describe typical group workout (i.e., distance, time, intensity)

TRAINING ENVIRONMENT

Where do you do most of your swimming?

What size pool(s) can you train in regularly?

____ 25 yard

____ 25 meter

____ 50 meter

Where can you run regularly?

_____ Roads

_____ Trails

_____ Track

_____ Treadmill

Where can you ride regularly?

_____ Roads

_____ Off-road

_____ Indoor

What type(s) of terrain do you have available for training?

- Flat
- Rolling Hills
- Steep Hills
- Long Hills

What type(s) of indoor trainers do you have available for cycling?

- Lifecycle
- Spinning bicycle
- Magnetic, fluid or wind trainer (ex. Cyclops)
- CompuTrainer

What make and model of bicycle(s) do you own?

What strength training equipment do you have available?

- Nautilus
- Free weights

Do you own or have access to any indoor cycling training videos? If yes, list them below. Be specific (ex. Spinervals 5.0 – Mental Toughness).

GOALS

Please list your three primary goals as an endurance athlete over the next 12 months:

1.

2.

3.

GOAL EVENTS

Please list the events in which you plan to compete over the next 12 along with a priority ranking (A-highest priority/D-lowest priority) and your realistic goals for each.

Race/Event	Date	Distance	Priority Ranking/Goals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL ASSESSMENT

Rate your ability in each discipline relative to your peers on a scale from 1(worst) to 5(best):

- Swim_____
- Bike_____
- Run_____

Please list your greatest strengths (mental and/or physical) as an athlete:

Please list your greatest weaknesses (mental and/or physical) as an athlete:

MEDICAL INFORMATION

Are you currently under the care of a physician? _____

If yes, explain.

Are you taking any medication? _____

If yes, please list.

Do you have any conditions that you think may limit your physical activity?

Have you experienced any sports related injuries over the past two years? If yes, explain.

Be sure to consult your physician before starting this or any exercise or training program.

LEGAL

I acknowledge that training for and/or participating in a triathlon, duathlon, cycling, swimming, running or any other endurance sporting event is an extreme test of my physical and mental limits and that such training and/or participation poses potential risks of serious bodily injury, death, or property damage. I have provided Mid-Atlantic Multisport, LLC with all information which in any way relates to or that could affect my physical and mental health and attest that I am in good health and my physical condition has been verified by a licensed medical doctor.

Furthermore, in return for my participation in this program, I on behalf of myself and my heirs and/or executors hereby:

a) WAIVE, RELEASE, and DISCHARGE Mid-Atlantic Multisport, LLC, its officers, directors, administrators, employees, consultants, coaches and agents from any claims, costs or liabilities for personal injury, illness, death or damages of any kind which I may have now, or at any time in the future, resulting from participation in this or any other program;

b) AGREE NOT TO SUE any of the persons or entities mentioned above for any claims, costs or liabilities that I have waived, released or discharged herein;

c) INDEMNIFY, DEFEND, and HOLD HARMLESS, the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

By signing below, I agree to any minimum commitment terms associated with the service level I have selected and I authorize Mid-Atlantic Multisport to bill my credit card for all charges applicable to the coaching services selected. I understand that any enrollment fees and minimum commitment terms will be billed in advance and reflected as a one-time charge on my credit card statement.

I affirm that I am eighteen (18) years of age or older, I have read this document and understand its contents.

Signature_____ Date_____



FOR MAM USE:

START: _____

AMT: _____

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION

MID-ATLANTIC MULTISPORT NOW REQUIRES CREDIT CARD BILLING FOR COACHING SERVICES. **PLEASE COMPLETE AND SIGN THIS FORM AND RETURN VIA FAX TO (610) 788-2105.** UPON APPROVAL, WE WILL AUTOMATICALLY BILL YOUR CREDIT CARD MONTHLY FOR COACHING SERVICES AND THE CHARGES WILL APPEAR ON YOUR CREDIT CARD STATEMENT.

CUSTOMER INFORMATION

CUSTOMER NAME

CREDIT CARD BILLING ADDRESS

CITY STATE ZIP

PRIMARY PHONE

PAYMENT INFORMATION

I AUTHORIZE MID-ATLANTIC MULTISPORT TO AUTOMATICALLY BILL THE CREDIT CARD LISTED BELOW FOR THE MONTHLY AMOUNT DUE MID-ATLANTIC MULTISPORT FOR COACHING SERVICES. THIS BILLING AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL SUCH TIME AS I PROVIDE MID-ATLANTIC MULTISPORT WITH THIRTY (30) DAYS ADVANCE WRITTEN NOTICE OF MY INTENTION TO CANCEL THE COACHING SERVICES.

CREDIT CARD INFORMATION

CREDIT CARD TYPE VISA MASTERCARD

NAME ON CARD _____

CREDIT CARD NUMBER

EXPIRATION (MM/YY) _____ CVV (3 DIGIT CODE ON BACK) _____

SIGNATURE **X** _____ DATE _____

FAX COMPLETED AUTHORIZATION FORM
WITHOUT A COVER SHEET TO (610) 788-2105
 OR MAIL TO:
 MID-ATLANTIC MULTISPORT, LLC, P.O. BOX 1414, MALVERN, PA 19355