

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: _____
(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?
 a. _____
 1. What do you think is holding you back?
 a. _____
 2. Are you willing to make short-term sacrifices for long term-success? **YES or NO**
 3. 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 **Central Florida Tri Club** in consideration for allowing me to become a member in **Central Florida Tri Club** and are being relied upon by **Central Florida Tri Club** and the various coaches, organizers administrators in permitting me to participate in any **Central Florida Tri Club** workout, clinic or event.

Media

By signing below, I give my consent to the **Central Florida Tri Club** to use the athlete's name, comments, photograph and likeness in order to promote the **Central Florida Tri Club**. 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 **Central Florida Tri Club**, 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 **Central Florida Tri Club** and allowing me to participate in **Central Florida Tri Club** 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 **Central Florida Tri Club** 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 **Central Florida Tri Club** , without respect to location or coaches.
- b. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence for the undersigned in, upon, or about the YMCA or **Central Florida Tri Club** whether caused by the negligence of the releases or otherwise.
- c. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA or **Central Florida Tri Club**.

THE UNDERSIGNED further expressly agrees that the foregoing **Acknowledgment Release Waiver from Liability** is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE **Acknowledgment Release Waiver from Liability Agreement**, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HEREBY AFFIRM THT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT'S CONTENTS:

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.

The undersigned _____(parent/guardian) the parent and natural guardian of _____ (minor's name) hereby acknowledges that he/she he's executed the foregoing AWRL for an on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors administrators, heirs, next of kin successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this Consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sponsored by **Central Florida Tri Club**. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the result of any medical treatment.

NOTE: Parent/guardian must also sign AWRL above.

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO MINOR

DATE: _____