

## ATHLETE INFORMATION

Date		
Athlete's Name		
Parent/Guardian Name		
Athlete's Date of birth		
Age	_Sex	-
Address		
City	State	Zip
Cell PhoneHome Phone		
Email Address		
HeightW	eight	
Medications (if any)		
Your assessment of your	health	
Health Risks		
Injury Status and descript	ion	
Years Competing		
Current Training Minutes	Per Week	
Other Sports and Cross T	raining	
List or describe your goal	s and competition plan	s for the next year:
What are some problems or challenges you would like to overcome for your training or your competitions		

What is your goal in having a coach?
Describe your most recent training period (last 3-4 weeks). Use the information from your diary, include miles, paces, types of workouts, competitions and effort levels:
• Monday
• Tuesday
• Wednesday
• Thursday
• Friday
• Saturday
• Sunday
Please use this space to address any other subjects you would like to let me know about, or address during your coaching period.
Please be advised that all information collected on this form is confidential and is intended for use as a training aide in assessing your fitness and capacity to handle the stresses of increased training.