



T3 Triathlon, LLC **Athlete Intake Form**

This questionnaire is designed to help us coach you by providing us information relevant to setting up your training plan. In addition, this will provide information that your coaches will need to help you achieve your goals. You can add any additional information you feel is important for us to know.

Personal Information

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Do you have home support for this endeavor or training? Yes No

Married Yes No

Height _____ Weight _____ Birthday _____

Occupation _____ Do you sit a lot? _____

Hours of Sleep / Night _____

Is your health good enough to take on a training program of this nature? Yes No

If you are over 40 years of age, do you have a medical doctor's clearance to train? Yes No

List any current injuries / illness _____

List any past injuries / illness/ surgeries _____

List all medications you are currently taking (OTC, Rx, Supplements) _____

Do you have any food allergies? _____

What races have you done in the last 12 months and what were the results? _____

How much time do you have to train / week? _____

What is your typical work schedule? _____

What days and times of day do you prefer to workout? _____

Are there any restrictions to days/time of workouts? (Ex: pool not available on Tuesdays; kids have soccer games on Saturday mornings) _____



Self Assessment

Circle the number that best describes your current level of skill in the following:

1= very weak 2 = weak 3 = average 4 = strong 5 = very strong

Swimming technique 1 2 3 4 5

Swimming distance 1 2 3 4 5

Biking technique 1 2 3 4 5

Biking distance 1 2 3 4 5

Running technique 1 2 3 4 5

Running distance 1 2 3 4 5

Nutrition for training 1 2 3 4 5

Nutrition for race day 1 2 3 4 5

Training by heart rate 1 2 3 4 5

Have you picked a goal race? _____

List 3 priority goals you have for yourself this season

- 1. _____
- 2. _____
- 3. _____

Do you own a bike? No Yes – give make and model _____

What pool do you have access to? _____

Do you own a heart rate monitor? No Yes – give make and model _____

Why are you seeking a coach for triathlon training? _____

Do you have a USAT annual membership? No Yes, please give number _____