



Athlete Questionnaire

MAIL TO: TWiley Sports, 5178 Downs Run Pipersville, PA 18947
EMAIL: Todd@TWileySports.com

Contact Information

Name: _____ Email: _____
Work Phone or Cell: _____ Home Phone: _____
Address: _____
City: _____ State: _____

Personal Profile Information

Male ___ Female ___ DOB: _____
Occupation: _____ Avg. Hours Worked Per Week: _____
Status: (Single ___ Married ___) Children: ___ If Yes Ages: _____
Ht: ___ Wt: _____
Do you know your VO2 Max: _____ If yes what is it: _____ How did you get it: _____
Do you know your Lactate Threshold: _____ If yes what is it: _____
Do you train with a HR monitor: _____
Describe yourself in terms of fitness level, work ethic: _____

Training Information

Sport that you wish to train for: _____ Years competing: _____
Describe your experience in the sport: _____
List your strengths: _____
List your weakness: _____
What would you like to improve on?: _____
Why do you want a coach?: _____
Describe your training program for the last month: _____

What are your best splits?: 5k _____ 10k _____ 1/2 marathon _____ marathon _____
Triathlon splits: _____
Have you had a coach before?: _____ If yes who?: _____
Do you train with any groups?: _____ If yes what groups and when?: _____
What do you want to get out of a coach?: _____



Goal Information

What is your key race for the year? (please list dates and goal): _____

What other events do you plan to do?: _____

What are your goals for this season and beyond?: _____

Give me a sample training week that you have been doing in the last month. _____

Medical Information

Do you have allergies?: _____ If yes explain: _____

Do you take medication?: _____ If yes explain: _____

Do you have any medical conditions or other injuries that I should be aware of when giving you your workouts?: _____ If yes explain: _____

Have you had a recent check up from your doctor and have you been given the OK to participate in strenuous endurance training for competition?: _____

Coaching Information

When do you wish to begin your program? _____

PLEASE READ CAREFULLY AND INITIAL IN THE SPACE PROVIDED.

I agree to pay my coaching fee by the first week of every month. I understand that my initial payment is non-refundable. I agree to give at least two weeks notice before canceling my training plan and that my contract will automatically be renewed on a month to month basis unless I give two weeks written notice. I understand that I can change and extend my plan at any time after the first initial month. I understand that I will receive training schedules according to the plans that I requested. I agree that my training plans are the property of TWiley Sports and should not be shared with anyone else.

I UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE.(INITIAL) _____



I ACKNOWLEDGE THAT SPORTS TRAINING AND RACING 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 RISK OF PARTICIPATING IN THE TRAINING AND OTHER ACTIVITIES RECOMMENDED BY TODD WILEY AND TWILEY SPORTS. I CERTIFY THAT I AM PHYSICALLY FIT, AM SUFFICIENTLY TRAINED FOR PARTICIPATION IN THIS PROGRAM AND HAVE NOT BEEN ADVISED AGAINST PARTICIPATION BY A QUALIFIED HEALTH PROFESSIONAL. I ACKNOWLEDGE THAT MY STATEMENTS ON THIS AWRL ARE TRUE. I ACKNOWLEDGE AND ACCEPT THE RISK ASSOCIATED WITH RIGOROUS PHYSICAL TRAINING. I WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES, OR LIABILITIES OF DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY OF PROPERTY, DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT, OR DAMAGE OF ANY KIND, INCLUDING ECONOMIC LOSS, WHICH MAY IN THE FUTURE ARISE OUT OF OR RELATE TO MY PARTICIPATION IN THIS TRAINING PROGRAM. I AGREE NOT TO SUE ANY OF THE PERSONS, ASSOCIATES, COMPANIES OR ENTITIES ASSOCIATED WITH TODD WILEY AND TWILEY SPORTS. I HERBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THE DOCUMENT AND I UNDERSTAND ITS CONTENTS WITHOUT ANY QUESTIONS WHATSOEVER.

SIGNED _____ **DATE** _____

SIGNATURE OF PARENT OR ADULT IF UNDER THE AGE OF 18

DATE _____