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~better health thru better nutrition education, one meal
 at a time ~

Athlete Questionnaire

Mail to: Nutrition in Motion, 106 Pimlico Way, North Wales, PA 19454
 Phone: 215-272-6774 Fax: 215-393-5397
 Email: joanna@nutrition-in-motion.net

Athlete Contact information:

Name: _____ email: _____
 Address: _____
 Phone: h: _____ w: _____ c: _____

Personal profile information:

Emergency contact: name: _____ phone: _____
 Relation to athlete: _____ phone #2: _____
 Age: _____ Birthday: _____ single ___/married___?
 # of children if any, and ages of each: _____
 Occupation: _____ # hours work per week? _____
 Sex: female: _____ male: _____

Training background information

Sport: swimming: _____; triathlon: _____; other: _____ (please list)
 Number of Years in (please list sport) Sport: _____
 Level of competition in triathlon: beginner _____; above average: _____; age grouper _____; elite _____
 Do you belong to a gym? Yes ___ No ___ if yes, which gym? _____
 Do you have exercise equipment at home? Yes ___ No ___ if yes, please list: _____
 (may include stationary bike, handweights, training DVD's, etc) _____
 Do you have a heart rate monitor? Yes ___ No ___ do you know your max heart rate? _____

Athletic Background: _____

Strengths: _____
 Weaknesses: _____
 Swim times: 50 yds _____; 100 yards _____; 200 yards _____; 500 yards _____; ½ mile _____; 1 mile _____
 Run times: 5K _____; 10K _____; ½ marathon _____; marathon _____ (please indicate year)
 Cycling times: 15 miles _____; 25 miles _____; 56 miles _____; other: _____
 Triathlon times: please list best of last year's times
 Sprint: s: _____ (distance _____); bike: _____ (dist: _____; _____ mph); r: _____ (5K; pace _____); total: _____
 Olympic: s: _____ (pace: _____); b: _____ (pace: _____ mph) ; r: _____ (pace: _____); total: _____
 Half IM: s: _____ (pace: _____); b: _____ (pace: _____ mph) ; r: _____ (pace: _____); total: _____
 Full IM: s: _____ (pace: _____); b: _____ (pace: _____ mph) ; r: _____ (pace: _____); total: _____

Other comments: _____

Goal information

Primary Goals for the Year: _____

Please list your planned races for the upcoming season (year _____) and the dates and distances of those races: _____

Race	Distance	Type	Date	priority – A, B or just for fun/training
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Secondary Goals for the Year: _____

What do you want from a coach?? _____

Max hours available / week to train: _____

Max hours / weekday to train: _____ (how many before work? _____ after work? _____)

Restrictions during the week (if any): _____

Restrictions during the weekend (if any): _____

Do you swim with Masters? If yes, which days? _____ at what time? _____

Do you do group rides? If yes, which days? _____ at what time? _____

Do you do group runs? If yes, which days? _____ at what time? _____

Do you do track workouts? If yes, which days? _____ at what time? _____

Do you do strength training? If yes, how often? _____ during season?? _____

Anything else you would like me to know?: _____

Tentative availability to train

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# hrs b4 work							
# hrs after work							
Preferred time to train							
Other restrictions							
Other comments							

Current training schedule with group rides/runs/swims listed

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Session – time + type							
Intensity of 1 st session							
Session – time + type							
Intensity of 2 nd session							
Other comments							

Medical history information

Do you have allergies? Yes ___ No ___; if yes, please explain:
 Allergic to: _____ Reaction: _____

Do you take any medications? Yes ___ No ___ if yes, please explain:
 Medication (for what condition?) _____ dose _____ frequency _____

Do you have any medical condition or other injuries or surgeries that I should be aware of ?? _____

Do you have any injuries that flare up or should be taken into consideration for your training plan? _____

Have you ever felt “overtrained”? please explain: _____

When was your last physical exam? _____ By whom? _____

Please lists phone: _____ and address: _____

Has your doctor given you the OK to train and compete? Yes _____ No _____

Do you have, or have 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 (explain)	___	___	Stress fracture	___	___
Cramping	___	___	Headaches	___	___

Low blood sugar	___	___	Fatigue	___	___
	Yes	No		Yes	No
Trouble sleeping	___	___	Trouble staying asleep	___	___
Diarrhea, constipation, IBS	___	___	Arthritis	___	___

If female, any chance or being pregnant? Yes ___ No ___

Emergency contact: Name: _____ phone: _____
Relationship to athlete: _____

Please read carefully and initial in the space provided:

Coaching fees are payable at time of initiation of agreement to work together. I understand that the initial enrollment/assessment fee is non-refundable. I agree to pay my coaching fee by the first week of each month (or the first week of the first quarter if paying quarterly). I Understand there is a 3 month minimum commitment for any coaching services. I must give one (1) month notice to cancel my training programs. My contract will automatically renew on a monthly basis unless the one (1) month notice is received. I understand I may change or extend my plan at any time after the initial 3 month minimum period. I agree that my training plans are the property of Nutrition in Motion and cannot be shared with anyone else without prior consent and payment.

I understand and agree to the terms stated above: (initials) _____

I ACKNOWLEDGE THAT SPORTS TRAINING AND RACING IS AN EXTREME TEST OF A PERSON'S PHYSICAL ABILITIES. IT CARRIES WITH IT THE POTENTIAL FOR SERIOUS INJURY, PROPERTY LOSS OR EVEN DEATH. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS OR MULTI-SPORT EVENTS, AS WELL AS OTHER ACTIVITIES MUTUALLY AGREED UPON BY ME AND NUTRITION IN MOTION. I CERTIFY THAT I AM PHYSICALLY FIT, HAVE SUFFICIENTLY TRAINED FOR PARTICIPATION IN THE PROGRAMS THAT NUTRITION IN MOTION PROVIDES, AND HAVE NOT BEEN ADVISED AGAINST PARTICIPATION BY A QUALIFIED HEALTH PROFESSIONAL. I ACKNOWLEDGE THE AND ACCEPT THE RISK ASSOCIATED WITH RIGOROUS PHYSICAL TRAINING. I WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGE OF ANY KIND, INCLUDING ECONOMIC LOSSES, WHICH MAY IN THE FUTURE ARISE OUT OF OR RELATE TO MY ACTIVITIES INCLUDED IN THIS TRAINING PROGRAM.

I AGREE TO INDEMNIFY AND HOLD HARMLESS JOANNA CHODOROWSKA, NUTRITION IN MOTION, ASSOCIATES, COMPANIES OR ENTITIES ASSOCIATED WITH JOANNA CHODOROWSKA AND NUTRITION IN MOTION FROM ALL CLAIMS MADE OR LIABILITIES ASSESSED AS A RESULT OF PARTICIPATING IN TRAINING PROGRAMS. I AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES INVOLVED WITH AND INCLUDING JOANNA CHODOROWSKA AND NUTRITION IN MOTION, FOR ANY CLAIMS, LOSSES OR LIABILITIES THAT I HAVE WAIVED, RELEASED OR DISCHARGED HEREIN.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS

Print name: _____

Signature: _____

Date: _____