



ATHLETE QUESTIONNAIRE

MAIL TO: 24 S. High St. West Chester, PA 19382

FAX TO: (610) 696-4350

Contact Information

Name: _____ Email: _____

Work Phone or Cell: _____ Home Phone: _____

Address: _____

City: _____ State: _____

Personal Information

Male ___ Female ___ DOB: _____

Occupation: _____

Avg. Hours Worked Per Week: _____

Status: (Single ___ Married ___) Children: ___ If Yes Ages: _____

Ht: ___ Wt: ___

Training Information

Do you train with a HR monitor: _____

Describe yourself in terms of fitness level, work ethic: _____

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 _____ ½ marathon _____ marathon _____

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? _____

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

What other events do you plan to do? _____

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? _____ explain: _____

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

Coaching Information

What coaching level are you signing up for? _____

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 understand that I can upgrade and/or extend my plan at any time after the first initial month. I agree that my training plans are the property of CCRS Personal Coaching and will not be shared with anyone else.

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

WAIVER: In consideration of acceptance of this entry I hereby waive and release all rights, claims, and damages that I or my heirs may have against CCRS Personal Training and the Chester County Running Store. I hereby certify that I have been properly cleared for this program and have been medically certified to participate in this program.

SIGNED _____ **DATE** _____

SIGNATURE OF PARENT OR ADULT IF UNDER THE AGE OF 18

_____ **DATE** _____