



ATHLETE QUESTIONNAIRE

INSTRUCTIONS

1. Please complete this questionnaire as fully as possible.
If you are unsure of any information or if it does not apply to you, leave it blank.
2. Be sure to read and initial the Training Waiver and Release .
3. Once the questionnaire is completed please email:
Email: Lanny@threshold-training.com

CONTACT INFORMATION

Name _____

Street _____ City _____

Prov. _____ Postal _____

Work _____ Home _____

Cell _____ E-mail: _____

DESIRED SERVICE LEVEL (see threshold-performance.com for details):

High Performance Performance Online Lifestyle

When would you like to start? _____

PERSONAL INFORMATION

Birth date ____/____/____ Age ____ Height _____

Weight _____ Occupation _____

How many hours do you typically work each week? _____ Marital Status _____

Spouse's name _____ Do you have any children? Yes No

HOLIDAYS

Please list any holidays that you plan to take over the next 12 months:

1.	
2.	
3.	
4.	
5.	
6.	

ATHLETIC BACKGROUND

How many years have you been swimming? _____

How many years have you been cycling? _____

How many years have you been running? _____

List other significant athletic accomplishments including other sports that you have participated/competed in:

Sport	Accomplishment

Please list your most recent race results and times.

Event	Date	Swim Time	Bike Time	Run Time	AG Place	Overall Place

Please list your personal best times at each of the following distances in which you have competed.

Event	Date	Swim Time	Bike Time	Run Time	AG Place	Overall Place
Sprint Triathlon						
Olympic Triathlon						
Half Ironman						
Full Ironman						

CURRENT FITNESS AND TRAINING HABITS

Rate you current fitness level (1=worst ever; 10=best ever) _____

Resting heart rate _____ Maximum heart rate _____

Do you know your anaerobic or lactate threshold heart rate? Yes No

If yes, what is it? _____ How/where was it determined?

Do you train with a heart rate monitor? Yes No

Do you maintain a training log? Yes No If yes, please attach a copy showing a typical week’s entries.

TYPICAL TRAINING WEEK

Be as detailed as possible.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

TRAINING SCHEDULE

Please indicate the times that you are available to train and the preferred day off.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm
off	off	off	off	off	off	off

GOALS

Please list your three primary goals: eg. Fitness, weight loss, achieve PB, improve performance

1.	
2.	
3.	

GOAL EVENTS

Please list the events in which you plan to compete in, along with a priority ranking.

(A-highest priority/D-lowest priority) and your realistic goals for each.

Event	Priority	Distance	Goal

PERSONAL ASSESSMENT

Rate your ability in each discipline relative to your age group on a scale from 1(worst) to 5(best):

Swim	
Bike	
Run	

Please list your greatest strengths as an athlete:

	Strength	Weakness
Mental		
Physical		

EMERGENCY MEDICAL INFORMATION

Emergency Contact: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

Allergies? Yes No If yes, please list.

Are you taking any medications and for what ailment? Yes No If yes, please list.

Do you have any conditions that you think may limit your physical activity?

Have you experienced any injuries over the past two years? Yes No If yes, please list.

**THRESHOLD PERFORMANCE TRAINING WAIVER AND RELEASE FROM LIABILITY
PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

I acknowledge that a triathlon, duathlon, or multi-sport event is an extreme test of a person's physical and mental limits and carries with it potential for death, serious injury, and property loss. I HEARBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS. SIMILARLY, I ASSUME THE RISKS OF PARTICIPATING IN TRAINING SESSIONS, BUSINESS MEETINGS, SOCIAL EVENTS OR ANY OTHER ACTIVITY SPONSORED BY THRESHOLD PERFORMANCE TRAINING (Threshold) or ALBERTA TRIATHLON ASSOCIATION (ATA). I certify that I am physically fit, have sufficiently trained for this event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this waiver are being accepted by Threshold and ATA in consideration for allowing me to become a member of Threshold and/or ATA and are being relied upon by Threshold and ATA and various sponsors, organizers and administrators in permitting me to participate in any Threshold or ATA sanctioned event. Please consult your physician before partaking in any physical activity.

I waive release and discharge from any and all claims, losses, or liabilities for death personal injury, permanent and partial disability, property damage, and medical and hospital bills, theft or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or traveling to and from any Threshold or ATA sanctioned event, the FOLLOWING PERSONS OR ENTITIES: Threshold, ATA, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL PROVINCES, COUNTIES, CITIES, OR LOCALITIES IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY. I ACKNOWLEDGE THAT THERE MAY BE TRAFFIC OR PERSONS ON THE COURSE ROUTE, AND I ASSUME THE RISK OF RUNNING, BIKING OR SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY THRESHOLD AND/OR ATA. I ALSO ASSUME ANY AND ALL OTHER RISKS associated with participating in Threshold and ATA sanctioned events, including but not limited to falls, contact and/or effects with other swimmers or boats, and any hazard that may be posed by spectators, officials or other participants, or volunteers. I further acknowledge that these risks include risks that may be the result of negligence of the persons or entities mentioned above, or of other persons or entities.

I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, losses, or liabilities that I have waived, released or discharged herein. I INDEMNIFY AND HOLD HARMLESS the persons and entities mentioned above from any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions; (ii) the actions or inactions or negligence of others, including those parties hereby indemnified; (iii) the conditions of the facilities, equipment, or areas where the event or activity is being conducted; (iv) ATA Competitive Rules and any additional rules imposed by Threshold; or (v) or any other harm caused by an occurrence related to a Threshold or ATA sanctioned event. I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a Threshold or ATA sanctioned event, and I waive all right to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

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

Participant acknowledges that they have been advised by your organization to consult with a doctor prior to participating. Yes No

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

To be signed after first meeting.

ATA MEMBER? Yes No ATA No.: _____