

<u>Contact information:</u> Kathleen S. Johnston 2805 Westmoreland Dr., Nashville, TN 37212 Email: KS\_Johnston@hotmail.com Phone: 615-293-3119



Name:		CERTIFIED COACH
Complete Address:		
Home phone:		
Cell phone:		
Email:		
Birthday:	Age:	
Height:	Weight:	
Emergency contact:		
Emergency contact phone:		
Please list any medical cond	itions you have that may affect your endurance sport tra	ining and racing:
Please list any injuries you h	ave or have had that may affect your endurance sport tra	aining and racing:
Please list any allergies you	have:	
Please list any over-use or o	ver-training injuries you have had and when:	

Occupation or Student year:
Typical working or school hours:
Sunday -
Monday -
Tuesday -
Wednesday -
Thursday -
Friday -
Saturday -
Preferred days to train and number of hours available to train:
Sunday -
Monday -
Tuesday -
Wednesday -
Thursday -
Friday -
Saturday -
Please list any other schedule restrictions that should be considered when planning your training schedule:
Do you have access to a fitness center and if so what facility:
Do you swim with a swim team and if so what team and when do you practice:
Do you participate in any other sports, if so please list:
Do you work with a personal trainer (strength training) and if so who and how often:
Why do you want to hire a triathlon coach and what are your expectations of a coach?

Training history
Please describe your typical training regimen during the past year in each area:
Swimming -
Cycling -
Running -
Strength training -
Please estimate your average weekly training mileage and/or time spent in each sport for the past 8 12 weeks:
Swim -
Bike -
Run -
Strength training -
Other (yoga, other sports, etc.) -
Please list your perceived weaknesses in each sport:
Swim -
Bike -
Run -
Other (transitions, mental toughness, nutrition issues, etc.) -

Please list your most recent race results (previous 1 to 2 years): Can include as separate file.

Date	Event	Swim distance	Swim time	Bike distance	Bike Time	Run distance	Run time	Total time	Comments

Do you h	Do you have a heart rate monitor and do you train with it?							
Have you ever had Lactate Threshold (LT) or VO2 Max testing done? If so, please list your test results (suggested training zones) and when and where you were tested.								
Do you have an indoor bike trainer or power meter?								
What typ	e bike do	you ride?						
Do you have a GPS watch?								
What are your short term (1 year or less) racing goals?								
What are your long term (greater than 1 year) racing goals?								
Please list any other goals or concerns that should be considered when planning your training and racing schedule:								
USAT Membership Number: Expiration Date:// You must be an annual member of USA Triathlon (USAT) to be coached by TriSuccess coaches. Please see www.usatriathlon.org to join USAT.								

Proposed Race Schedule (for next 12 months or more):

Date	Event	Swim distance	Bike distance	Run distance	Comments

	ibes your perceived weakness in each sport: (can select more than one	e bu
rank them as 1, 2, 3, etc. w	ith 1 as your greatest limiter)	
Swim:		
In choppy open water My swim technique is a My swimming gets slow If I start the swim fast		
Bike:		
Just finishing the bike	leg of a race is difficult for me.	
I am passed by lots of	other athletes on hills.	
I am a "masher" - I pus	h big gears slowly.	
Even on flat courses m	ny bike speed decreases near the end.	
· · · · · · · · · · · · · · · · · · ·	a race gets shorter I do worse relative to those in my category. gle to get over short "power" hills.	
Run:		
I usually find it difficu		
•	an most in my race category.	
•	more than others when I run.	
My running gets slowe		
In shorter races, if I go	o anaerobic I am forced to slow down.	