

TRI FIT - THE WOODLANDS ATHLETE PROFILE

All answers contained in this questionnaire are strictly confidential
and will become part of your fitness/training file.

GENERAL INFORMATION - REQUIRED

Name <i>(Last, First)</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	Date:
Email:	Cell:		DOB:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married			
Who to contact in case of an emergency:			Emergency phone:

HOW DID YOU HEAR ABOUT TRI FIT - THE WOODLANDS AND AREA OF PARTICIPATION - REQUIRED

How did you learn about us? <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Gym/Personal Trainer <input type="checkbox"/> Church/Business <input type="checkbox"/> Other:		
Target for Training: <i>(Little about your Triathlon experience)</i> _____ _____ _____	<input type="checkbox"/> Swimming <input type="checkbox"/> Biking <input type="checkbox"/> Running <input type="checkbox"/> Triathlon's	<input type="checkbox"/> Half & Full Marathons <input type="checkbox"/> Community Events, Fun Runs, Charities <input type="checkbox"/> Better Overall Health & Wellness <input type="checkbox"/> Full Ironman, Competitive Racing
List any medical problems/injuries & current medications you take that you feel would be beneficial for us to know prior to you beginning training. _____ _____		

HEALTH HABITS AND PERSONAL SAFETY (OPTIONAL, BUT HELPFUL)

ALL ANSWERS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL			
Exercise	<input type="checkbox"/> Sedentary (No exercise)		
	<input type="checkbox"/> Mild exercise or beginner at best (i.e., climb stairs, walk 3 blocks, golf)		
	<input type="checkbox"/> Occasional vigorous exercise (i.e., workout or recreation, less than 4x/week for 30 minutes.)		
	<input type="checkbox"/> Regular vigorous exercise (i.e., workout or recreation 4x/week exceeding 45-60 minutes)		
Personal Safety	Do you have frequent falls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you currently pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you work in a desk job position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you work in a physically demanding job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you hydrate yourself by drinking approx 1/2 your body weight in ounces of water per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HEALTH & TRAINING GOALS (OPTIONAL, BUT HELPFUL)

List/Circle your Training, Health & Race Goals. Goal's are never reached without first making one! Make a plan, Work the plan, Trust the plan!		
List any personal goals you feel may benefit training	List Training & Health Goals	Races training for...5K, Tri's, 1/2, Ironman