Please print and return form to philmybikecoach@gmail.com

Please Note - All information collected and shared with mymtbcoach will be kept private and confidential.

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| --- |
|  **Personal Profile** |
| Name |  |
| Address |  |
| Town / Postcode |  |
| Country |  |
| Email |  |
| Phone |  |
| Gender |  |
| Date of Birth |  |
| **Medical Background & Injury History**  |
|  | *Please describe with as much detail as possible your history of health related matters and injuries.  Also explain any current injuries that may prevent you from training at 100% effort or if you are currently on any medication that we should know about etc.* |
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| **Athlete Profile**  |
| For which discipline/s do you require coaching? | □ Cyclocross (CX) □ General Health & Fitness□ Mountain Biking XCO□ Mountain Biking XCM□ Mountain Biking DH□ Road Racing |
| MTBA No |  |
| CA No |  |
| Number of years cycling |  |
| Number of years racing |  |
| Please describe your training background including any previous training programs |  |
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| **Goal Setting**  |
| Next 3 months |  |
| 3 – 6 months |  |
| 6 – 12 months |  |
| Longer term |  |
| Other |  |
| **Training Availability**  |
|  | *Please enter here your available time to train in hours/minutes, e.g. 1hr 30mins or leave blank if unavailable.This will transfer to your Today’s Plan account* |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |
| *Total number of hours available per week to train* |  |
| **Planned Racing Commitments**  |
|  | *List here ALL likely races in your schedule for the next 12 months and indicate which races you would like to do better in than others.*  |
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| **Previous Race Results** |
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| **Equipment**  |
| Do you have a heart rate monitor? |  |
| If you have a heart rate monitor, what is the brand/model? |  |
| Do you have a wind/fluid trainer or rollers? |  |
| Do you have a power meter? |  |
| Other |  |
|  |  |
| Other Information |
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***Please Note***

*If you are over 35 and have not exercised for more than 2 years OR you have a history of heart problems/disease in your family, please consult your doctor before embarking on a training program.*