



## Athlete Start Up Form

### Basics About You

Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Gender \_\_\_M \_\_\_F Waking pulse \_\_\_\_\_

Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ FAX  
(\_\_\_\_) \_\_\_\_\_

At which number should you be called? Home \_\_\_ Work \_\_\_ Either \_\_\_

Best times to reach you. \_\_\_\_\_

How do you prefer to receive workouts:

FAX \_\_\_ US mail \_\_\_ E-mail \_\_\_

E-mail address: \_\_\_\_\_

### What about your other-than-athletic life? (Optional.)

Occupation \_\_\_\_\_ Hours worked weekly \_\_\_\_\_

Married? \_\_\_Yes \_\_\_No Spouse's Name \_\_\_\_\_ Children? \_\_\_Yes \_\_\_No

For which sport(s) do you want coaching?

\_\_\_ Motocross \_\_\_ Supercross \_\_\_ Hare Scrambles

\_\_\_ WORCS style racing \_\_\_ Enduro \_\_\_ Desert Racing

\_\_\_ Other, please list: \_\_\_\_\_

**Your Health History: Explain any "yes" in space provided or on separate page.**

1. Have you or anyone in your family had coronary artery disease?

- Y  
 N \_\_\_\_\_
- Y 2. Do you ever have chest, shoulder, neck, or arm pains after exercise?  
 N \_\_\_\_\_
- Y 3. Have you ever fainted, felt dizzy, or unusually winded after exercise?  
 N \_\_\_\_\_
- Y 4. Has a doctor said that your blood pressure is too high or uncontrolled?  
 N \_\_\_\_\_
- Y 5. Has a doctor ever said you have heart trouble, a heart murmur, or that  
 N you have had a heart attack?  
 \_\_\_\_\_
- Y 6. Are you diabetic, have a thyroid condition, or any chronic condition?  
 N \_\_\_\_\_
- Y 7. Are you using any medications?  
 N List \_\_\_\_\_
- Y 8. Is your cholesterol level high? What's your cholesterol  
 N count? \_\_\_\_\_
- Y 9. Have you ever had a complete physical exam including stress test on a  
 N treadmill or ergometer? When? \_\_\_\_\_ (Include copy of results.)
- Y 10. Do you have any condition that a doctor says may limit your exercise?  
 N \_\_\_\_\_
- Y 11. Have you ever smoked? When did you quit?  
 N \_\_\_\_\_
- Y 12. Have you ever had a joint or back disorder or any current injury?  
 N \_\_\_\_\_
- Y 13. Have you had surgery in last 12 months?  
 N \_\_\_\_\_
- Y 14. Are you now, or have you been pregnant in last three months?  
 N \_\_\_\_\_

### Your Athletic History

1. List your favorite sports and years of participation.

Sport	Years	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Your strength training. Type: \_\_\_Nautilus \_\_\_Universal Gym \_\_\_Free weights  
\_\_\_None

Briefly describe your current routine (days per week, sets, reps, resistance).

3. Have you ever had an exercise-related injury which caused you to stop exercising for a week or more? Describe.

4. List your best race results or riding accomplishments.

Events	Results
--------	---------

_____	_____
_____	_____
_____	_____
_____	_____

### **Your Current Athletic Information**

1. What are your three most important goals? Please rank them 1-2-3.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. At the completion of our first season together, how will we know if we were successful? What is the single most-important thing we must accomplish?

3. What is your training week like now? (Or send a copy of your last two months' log.) Please also list number of motos, length of motos, relative intensity of motos.

Day	Type of workout	How long	How hard (lo-med-hi)
Mon	_____	_____	_____
Tues	_____	_____	_____
Wed	_____	_____	_____
Thurs	_____	_____	_____
Fri	_____	_____	_____
Sat	_____	_____	_____
Sun	_____	_____	_____

4. Is the above \_\_\_high \_\_\_low \_\_\_normal for you? (Can attach copy of log.)

5. What is your longest workout in the last 3 weeks? \_\_\_\_\_ Type:\_\_\_\_\_

6. How many weekly hours do you have available to train? \_\_\_\_\_

7. Which day is best for you to take off from training?

M T W T F S S

8. How many miles (distance) or hours did you train in the past 12 months?

Motorcycle \_\_\_\_\_ Road Bike \_\_\_\_\_ Mtn Bike \_\_\_\_\_ Run \_\_\_\_\_ Other \_\_\_\_\_

### Miscellaneous

1. Do you own a heart rate monitor or Power Meter? \_\_\_Y \_\_\_N Brand? \_\_\_\_\_ Model \_\_\_\_\_

2. What's the highest heart rate you've ever noticed during exercise?

\_\_\_\_\_

3. What was the type of exercise when you noticed the above pulse?

\_\_\_\_\_

4. Do you know your lactate/anaerobic threshold (AT) heart rate or power level for any sport?

Run \_\_\_\_\_ Bike \_\_\_\_\_ Swim \_\_\_\_\_ XC Ski \_\_\_\_\_ Rowing \_\_\_\_\_

5. How was it determined? \_\_\_\_\_

### Diet

1. What, exactly, did you eat yesterday?

Breakfast

Lunch

Dinner

Snacks

---

***Please fax form to: (866) 859-0145 (toll free). Email me at [seiji@coachseiji.com](mailto:seiji@coachseiji.com) so that I may verify receipt of the fax and send you a Google Checkout invoice for the \$250 start up fee.***

Thanks again for your interest in my coaching services. I look forward to working with you and applaud you for striving for excellence in your athletic endeavor.

