



# The Athlete's Companion

## Athlete's Questionnaire

Complete only those sections and questions which are relevant to your upcoming session(s) but make sure you complete every question with a \*. If you need additional space, please use the reverse side of this form.

You will be required to provide adequate footwear and clothing for the conditions, and gear as appropriate.

You should always obtain approval from your doctor before embarking on a new exercise regimen.

\*Name: \_\_\_\_\_  Male  Female

\*Age: \_\_\_\_\_ \*Weight: \_\_\_\_\_ \*Height: \_\_\_\_\_ Resting Heart Rate: \_\_\_\_\_

Primary sports: \_\_\_\_\_

\*Sport for this session:  Running  Hiking  Cycling  Mountain Biking  Swimming  Kayaking  
 Tennis  Triathlon  Personal Training  Other: \_\_\_\_\_

\*Duration of session: \_\_\_\_\_

\*My primary interest is  Recreational  Weight-loss  Exploration  Nature/wildlife  Hard workout

\*I consider myself  Novice  Amateur  Intermediate  Advanced  Professional

Where did you hear about AC?  Brochure  Fellow athlete  Web site  I'm Back!

I would most like to improve  Endurance  Speed  Technique  Strength  Power  The fun!

\*Will you need AC to provide the appropriate gear (fees apply)?  No  Yes: \_\_\_\_\_

**Health** \*Clients with existing health problems will be required to provide written consent from their doctor before workouts commence.

\*Do you have any existing health problems, handicaps, recent surgeries, injuries, asthma or allergies?

No  Yes: \_\_\_\_\_

\*Have you had any past injuries or illnesses which might impair your abilities in your selected sport?

No  Yes: \_\_\_\_\_

\*Are you currently taking any medications which might impact your training ability?

No  Yes: \_\_\_\_\_

\*Notify in case of emergency (name and phone): \_\_\_\_\_

Do you typically train with a heart rate monitor?  No  Yes VO2Max: \_\_\_\_\_

### Running

What surface would you like to train on?  Road  Track  Trails  Treadmill  Grass

How long have you been running? \_\_\_\_\_

How often do you run?  Not often  1-3 times a week  Every day

Do you have any running related injuries?  No  Yes: \_\_\_\_\_

Normal aerobic pace (mpm): \_\_\_\_\_ Threshold pace: \_\_\_\_\_ Running Shoe: \_\_\_\_\_

Do you perform any regular drills?  No  Yes: \_\_\_\_\_

**Cycling/Mountain Biking** \*Appropriate cycling gear and a helmet are mandatory for participation in any Athlete's Companion sessions.

How long have you been riding a road bike? \_\_\_\_\_ ... mountain bike? \_\_\_\_\_

How often do you ride?  Not often  1-3 times a week  All the time

Will you require AC to provide a bike?  No  Yes

Do you have a preferred brand of bike?  No  Yes: \_\_\_\_\_

Pedal preference:  Platform  Toe clips  Clipless

Will you be providing your own pedals and shoes?  No  Yes

### Swimming

Do you regularly participate in a swimming class?  No  Yes

Have you taken any swimming technique seminars?  No  Yes: \_\_\_\_\_

How often do you swim?  Not often  1-3 times a week  I'm a fish!

What is your preferred swimming environment?  Saltwater  Freshwater  Pool  Open water

**Kayak/Canoe** \* Appropriate safety gear including a lifejacket is mandatory for participation in any Athlete's Companion sessions.

Have you ever kayaked before?  No  Yes

Will you be providing your own boat, paddles and lifejacket?  No  Yes

**Comments and other notes (please use reverse side if you need more space):**

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