

Initial Athlete Interview Form

Name _____ Date _____
 Address _____
 Telephone: Home _____ Work _____
 Email: _____
 Birth Date: _____ Marital status _____
 Weight: _____ Height: _____
 Occupation: _____
 USAC Racing License Number _____ Categories (check all that apply):
 Road _____ Track _____ Mountain _____ Class: _____
 Team/club affiliation: _____

Time available for training each day:

	Riding Indoors	Riding outdoors	Strength Training	Other
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Do you own a heart rate monitor? YES NO

Brand & model _____

Do you own a power meter? YES NO

Brand & model _____

Do you have a stationary trainer? YES NO

Brand & model _____

Do you have a computer? YES NO

Do you have access to a gym? YES NO

Do you have a car? YES NO

Do you travel regularly? YES NO

Have you ever had a professional bike fitting? YES NO

Answer these questions as completely as possible. *All information is kept confidential.*

1. Have you ever competed in sports before? YES NO

If so, what sports, what age where you and for how long did you participate?

2. Have you ever hired a coach before? YES NO

3. What brought about your interests in cycling?

4. What aspect of cycling seems the most interesting to you?

5. Do you plan to compete in any other sports? If so please explain.

6. What goals have you set for yourself in cycling?

7. What do you think will interfere with that goal?

8. What kind of racer would you like to be some day?

9. How different is that from the rider you are now?

10. What do you think is holding you back?

11. Do you have season goals to support moving toward your ideal goal?

12. Are you willing to make short-term sacrifices for long term success? YES NO

13. What could do in races to improve?

14. What could you be doing before and after races to improve?

15. Are you willing to follow a coaching plan in order to reach your goals? YES NO

16. Do you have any medical conditions that would put you at risk?

17. When was the last time you had a complete medical physical? _____

Additional Comments: