

FIRST STEP:

Please print out these pages and fill out the following forms as accurately as possible. If you have any questions on the form please feel free to contact me directly by phone at (602) 275-5332 or by fax at (602) 224-9978. After I received these forms, I am usually prompted with more questions for you and will call you to further get to know you. When I am satisfied that I have all of the information I need to get started with your training plan you will be given a start date and can expect to receive your first week's training schedule via fax or email.

Thanks for your interest and I hope to hear from you soon.

BASIC

Date ____/____/____

Name _____
Street _____ Apt _____
City _____ State _____ Zip _____
Country _____

FAX() _____

E-mail Address _____

Home phone () _____

Work phone () _____

Cellular () _____

Pager () _____

M ___ F ___

Birthdate ____/____/____ Age _____

COMPUTER

Operating System (i.e., Windows, MacOS, etc.) _____

Email application you use (Outlook Express, Eudora, Netscape etc)

Any other accomplishments you would like me to know about:

YOUR CURRENT SCHEDULE

Do you keep a training log? _____ If yes, could you submit a typical training week and racing week? _____

Please give an idea of your typical training week – You may use a separate sheet if necessary – be as detailed as possible

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

What time do you need to be done training in the morning to get to work on time?

What time do you get home from work? _____

What time do you typically go to sleep at night ? _____

What are your pool hours and/or schedule swim practice times? _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

What is your longest training session during the past month?

Swimming _____ hours _____ yds/meters

Cycling _____ hours _____ mi/km

Running _____ hours _____ mi/km

Over the past two months what is the average number hours/week you trained?

Cycling(Road)? _____ Running? _____ Swimming? _____

Cycling(Off Road)? _____ Strength? _____ other _____

Can you vary your training time? _____ Or do you need to train the same hours each week? (Explain)

Are there any regular group workouts that you participate in? _____ If, yes please list and describe the workouts as accurately as you can (I.e., time, intensity, time of day, sport, how many people,)

CURRENT FITNESS

Rate your current fitness(1=worst shape 10=best shape)? _____

Do you know your maximum heart rate? _____ Running _____ Cycling _____

From a stress test? _____ From race? _____ From other? _____

Do you know your Anaerobic or Lactate Threshold? _____ Running _____ Cycling _____

From a stress test? _____ From time trial? _____

From lactate test? _____ From other? _____

Do you train with a heart rate monitor? _____ Which brand/model? _____

Do you train with a power measuring device (Cycling)? _____ Which brand/model? _____

Please list any times that you know and average heart rates for each (if known).

RUNNING:

BEST: 5-k _____ avg. heart rate _____ Date _____

10-k _____ avg. heart rate _____ Date _____

Marathon _____ avg. heart rate _____ Date _____

Other _____ avg. heart rate _____ Date _____

Most RECENT:

5-k _____ avg. heart rate _____ Date _____

10-k _____ avg. heart rate _____ Date _____

Marathon _____ avg. heart rate _____ Date _____

Other _____ avg. heart rate _____ Date _____

If known: 10 minute Time Trial – Distance covered? _____ Max Hr? _____ Date _____

CYCLING:

BEST: 10mi _____ avg. heart rate _____ Date _____

40k _____ avg. heart rate _____ Date _____

112mi _____ avg. heart rate _____ Date _____

X-Country _____ avg. heart rate _____ Date _____

Other _____ avg. heart rate _____ Date _____

Most RECENT: 10mi _____ avg. heart rate _____ Date _____

40-k _____ avg. heart rate _____ Date _____

112mi _____ avg. heart rate _____ Date _____

X-Country _____ avg. heart rate _____ Date _____

Other _____ avg. heart rate _____ Date _____

If known: 10 minute Time Trial – Distance covered? _____ Avg Power? _____ Max Hr? _____ Date _____

What are your swimming times (please specify yds/meters, long course, with or without wetsuit):

BEST: 200 _____ 400 _____ 1500/1650 _____ 2.4 mi _____ When? _____

Most RECENT: 200 _____ 400 _____ 1500/1650 _____ 2.4 mi _____ When? _____

If known: 10 minute Time Trial – Distance covered? _____ Date? _____

WHERE CAN YOU TRAIN?

Where can you swim? _____

How close is your pool? _____

What type of pool will you be training in? ___ 25yd ___ 25meter ___ 50meter ___ other
Do you have access to Open Water training? _____

Where can you run?

Roads _____ Trails _____ Track _____ Treadmill _____

Where can you ride? Roads _____ Off Road _____ Indoor _____

What brand/model treadmill? _____ What brand/model cycle trainer? _____

What type of terrain do you have available?

Flat _____ Rolling Hills _____ Steep Hills _____ Long Hills _____
Mountains _____ Technical _____

Where can you strength train? Gym _____ Gym (at pool) _____ Home _____

What strength equipment do you have available? Free weights _____ Cybex _____
Universal _____ Other _____

What brand/size/model bike do you ride? _____

Do you have race/TT wheels? _____ What brand/model? _____

GOALS

What is the primary sport in which you are planning to compete?

_____ Triathlon _____ Duathlon _____ Running _____
_____ Swimming _____ Cycling _____ Mt. Biking _____ other _____

If you live within 2-3 hours of the Phoenix Area are you interested in “Shoulder to Shoulder” training? _____

Please list races/events in which you plan to compete in order of importance along with your realistic goals for each.

| Race | Event | Date | Distance/Goals |
|-------|-------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PERSONAL STRENGTHS AND WEAKNESSES

Rate your ability in each sport (relative to your peers) on a scale from 1(worst) 5(best):

Swim _____ Bike _____ Run _____

- Yes No 1. I prefer the toughest conditions a race can throw at me.
 Yes No 2. I can squat or leg press more weight than most athletes my size.
 Yes No 3. I am and always have been physically stronger than other athletes my size.
 Yes No 4. I prefer hilly courses.
 Yes No 5. I am good at sprints.
 Yes No 6. I can easily ride and/or run at very high cadences.
 Yes No 7. I have always been best at short quick explosive activities.
 Yes No 8. I prefer short, fast workouts.
 Yes No 9. I am stronger at the end of workouts than most.
 Yes No 10. I prefer long races and workouts.
 Yes No 11. I have always been able to finish stronger than most regardless of sport.
 Yes No 12. I am confident that I will not “bonk” in long races.

Do you consider yourself to be (please check one):

Highly motivated _____ fairly motivated _____ not motivated _____

Do you consider yourself to be (please check one):

very confident _____ fairly confident _____ lacking confidence _____

Do you believe you have the ability to be (please check one):

Very focused _____ fairly focused _____ not focused at all _____

Assign the appropriate number to each of the statements below.

1=Rarely 2=Occasionally 3=Often 4=Always

- _____ 1. I believe I have great potential as an athlete.
 _____ 2. I believe I am very successful at the things I put my mind to.
 _____ 3. I can race close to or above my ability level.
 _____ 4. I am mentally tough.
 _____ 5. I don't lose my confidence after I have a bad race.
 _____ 6. I love to train and rarely miss a planned workout.
 _____ 7. I am fired up on the morning of a race.
 _____ 8. I am willing to make sacrifices to achieve my goals.
 _____ 9. I set very high goals for myself.
 _____ 10. I try to be the best I can possibly be.
 _____ 11. I stay positive even when things go wrong.
 _____ 12. I am positive and pumped up before races.
 _____ 13. I learn from all of my races – good and bad.
 _____ 14. The harder the race the better.
 _____ 15. I can relax before races.
 _____ 16. I have no self-doubts before races.
 _____ 17. I have no problem staying focused during races.
 _____ 18. I am very in touch with my real and perceived effort during races.
 _____ 19. I can block out distractions during races.

- ____ 20. I concentrate best when the race gets hard.
- ____ 21. I can imagine myself doing well in the hardest races.
- ____ 22. I can visualize handling tough race situations.
- ____ 23. I can see myself training and racing in my mind.
- ____ 24. I mentally rehearse strategy, skills and possible race scenarios before races.
- ____ 25. I can visualize doing well before the big races.

Please list your greatest strengths (mental and/or physical):

Please list your greatest weaknesses (mental and/or physical):

MEDICAL

Are you currently under the care of a physician? Y / N If yes, explain.

Are you taking any medication? Y / N If yes, please list

Have you had a complete physical in the past year? Y / N

Weight _____
Ideal Weight _____
Height _____
% Body Fat _____

Smoke? Never / Quit over a year ago / Quit less than a year ago / Currently Smoke _____

Please mark with an X all of the following that apply to you. Please explain in the space provided or on a separate sheet.

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

Have you ever fainted or felt dizzy after exercise? _____

Has a doctor said that your blood pressure is too high? _____

Do you have heart trouble, a heart murmur or have you had a heart attack? _____

Do you ever have chest, shoulder, neck or arm pains during exercise? _____

Are you diabetic, have a thyroid or any other chronic condition? _____

Is your cholesterol level high? _____

Are you now or have you been pregnant during the last three months? _____

Do you have any conditions that your doctor says may limit your physical activity?

Do you have any conditions that you think may limit your physical activity?

Please consult your physician before starting this or any exercise or training program.

WAIVER – YOUR SIGNATURE IS REQUIRED

I acknowledge that training for and/or participating in a triathlon, duathlon, cycling, swimming, running or any other endurance sporting event is an extreme test of my physical and mental limits and that such training and/ or participation poses potential risks or serious bodily injury, death, or property damage. I have provided Tod Miller with all information which in any way relates to or that could affect my physical health and attest that I am in good health and my physical condition has been verified by a licensed medical doctor.

Furthermore, in return for my participation in this program, I, on behalf of myself and my heirs or executors, hereby:

a) **WAIVE, RELEASE and DISCHARGE** Tod Miller, his officers, directors, administrators, employees, consultants, coaches and agents from any claims, costs or liabilities for personal injury, illness, death or damages of any kind which I may have now, or at any time in the future, resulting from participation in this or any other program;

b) **AGREE NOT TO SUE** any of the persons or entities mentioned above for any claims, costs or liabilities that I have waived, released or discharged herein;

c) **INDEMNIFY, DEFEND and HOLD HARMLESS**, the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I am retaining Tod Miller – Whole Body Coaching, to coach me in endurance sports and assist me in the improvement of my fitness. I am solely responsible for my debit. I agree to pay debits promptly up receipt of invoice for services. I agree to an initial 3 month commitment with WBC. After that it is month to month. I affirm that I am eighteen (18) years of age or older, I have read this document and understand its contents. (Athlete's under 18, parent must sign.)

Signature _____ Date _____

Parent or
Guardian Signature _____ Date _____
(if under 18 years of age)

Return this form along with payment for initial 4-week training period payable to Tod Miller, W.B.C. There is a 5% discount if you pay in advance for three months.

Tod Miller, 2394 East camelback Road suite #120, Phoenix AZ 85016 or
Fax: 602-224-9978

PAYMENT:

Check or Money Order payable to Tod Miller, W.B.C. Visa and MasterCard accepted