



Athlete Profile Form

Name: _____ Phone: _____

Address: _____

Birthdate: _____ Emergency Contact: _____ Phone: _____

Email: _____

Do you currently have any physical or mental conditions that might impair your abilities to train or ride a Bicycle (If so please explain): _____

What is your Current Weight: _____ Height: _____

What do you consider to be your Ideal Weight: _____

Racing Levels/Licenses: USCF: _____ NORBA: _____

OTHER: _____

Average Weekly Hours Spent Exercising: _____ Of Those Hours Spent Cycling: _____

Longest Daily Workout: _____

Have you had any previous physiology testing (VO2 Max, Lactate Threshold, Field Tests): _____

Other Organized Sports/Activities: _____

Please explain your normal weekly schedule, work, family, or other commitments and what days you will have available to train and for how long each day: _____

Do you own or plan to buy a power meter: _____

Please provide previous race results or examples of riding experiences (centuries, etc.) and a schedule of planned events. Use back if needed