

Personal Information



Date:

Name:	Date of Birth: Age:
Home Address: City: State: Zip:	Preferred phone number: Is this number: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> mobile
Emergency Contact: Phone number: Relationship to client: Parent or Legal Guardian Name (if patient under 18):	Preferred email: Is this email: <input type="checkbox"/> home <input type="checkbox"/> work
Current marital status (check one): <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> cohabitation <input type="checkbox"/> widowed <input type="checkbox"/> separated <input type="checkbox"/> divorced	Educational Background (check one) <input type="checkbox"/> high school <input type="checkbox"/> college <input type="checkbox"/> grad school <input type="checkbox"/> other:
Employer:	Occupation (check one): <input type="checkbox"/> office <input type="checkbox"/> factory <input type="checkbox"/> farming <input type="checkbox"/> driving <input type="checkbox"/> student <input type="checkbox"/> professional <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed <input type="checkbox"/> other:

How did you find out about our services? (please check all that apply)

- ___ Friend or training partner _____
- ___ Doctor or referring practitioner _____
- ___ South Congress Athletic Club
- ___ Smart Sport or Smart Life websites
- ___ Training group (I.e. Rogue Training Systems)
- ___ RunTex
- ___ Brochure or flyer
- ___ Current Smart Sport client – name: _____
- ___ Other _____

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Medical History

Height: _____ Current Weight _____ Goal Weight _____

Are you currently experiencing any health problems or under the care of a physician for any condition? If yes, please note the current problems below. Y N

Has a physician ever prescribed any limitations to exercise? If yes, for what reason? Y N

Have you ever experienced or are you currently experiencing any injury to your shoulders, arms, elbows, wrists or hands? If yes, please note injury and date below. Y N

Have you ever experienced or are you currently experiencing any injury to your neck or back? If yes, please note injury and date below. Y N

Have you ever experienced or are you currently experiencing any injury to your hips, knees, ankles, or feet? If yes, please note injury and date below. Y N

Have you ever had any surgical procedures? If yes, please note surgery and date below. Y N

Are you currently receiving any health care such as massage therapy, chiropractic, or physical therapy? If yes, please list below. Y N

Are you aware of any other medical conditions of note such as diabetes, heart disease, thyroid problems, or elevated cholesterol? If yes, please list below. Y N

List all current medications and food supplements.

Please identify any health problems that have occurred in your immediate family:

Please complete the Par-Q Physical Activity Readiness Questionnaire (attached)

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Goals

I. Goals should be SMART – Simple, Measurable, Attainable, Realistic, and Time-Based. Please list your current goals related to your coaching/training program:

Personal Goals:

Event and Performance Goals (i.e. goal time or pace)

II. Overall Event Goals: please list the event(s) that you plan on participating in this season. Please write them down in chronological order. Denote your primary goal event(s) with an “A” and your secondary event(s) with a “B”.

	Date	Event	Distance	Priority (“A”, “B”, other)
1.				
2.				
3.				
4.				
5.				

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Expectations

For coaching clients:

Please list your expectations of a coach and/or training program below.

Please think about the kind of coach/program that would deliver excellent quality of service – the kind of coach that you would be pleased to work with. Please show the extent to which you think such a coach would possess the feature described by each statement. If you feel a feature is not at all essential for excellent coaches such as the one you have in mind, circle the number 1. If you feel a feature is absolutely essential for excellent coaches, circle 5. If your feelings are less strong, circle one of the numbers in the middle. There are no right or wrong answers – all we are interested in is a number that truly reflects your feelings regarding coaches/training programs that would deliver excellent quality of services.

	Strongly Disagree				Strongly Agree
Excellent coaches will provide me with education regarding my training and the intent of my training sessions	1	2	3	4	5
Excellent coaches will give me individual attention and will change my training program to meet my specific goals and needs	1	2	3	4	5
Excellent coaches have the knowledge and skills necessary to help their athletes and answer their questions	1	2	3	4	5
Excellent coaches will respond to phone calls and email inquiries in a timely fashion	1	2	3	4	5
Excellent coaches will use measurement to show me how I have improved	1	2	3	4	5
	Strongly Disagree				Strongly Agree

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Acknowledgement, Waiver, and Release From Liability - Coaching

Acknowledgement: I acknowledge that a triathlon, multisport or other athletic/endurance event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I acknowledge that the training for these events can be rigorous and carries with it the potential for death, serious injury, and property loss. I hereby fully assume the risks and responsibilities of participation in and/or training associated with the aforementioned athletic/endurance events. I certify that, to my knowledge, I do not have any limiting medical condition that would preclude or limit my participation in a training program and I accept full responsibility for my participation in the program. I certify that I have not been advised against participation by a qualified health professional, in accordance with the attached Par-Q questionnaire. I have been informed of the value of a physician's approval for participation in this type of progressive training program. I fully understand that it is my responsibility to inform Smart Sport International (SSI) of any injury, illness, infection, drug or condition that would prevent my full participation in the program.

Allan Besselink has been retained to assist me with the improvement of my athletic performance. Additionally, I am fully aware that Allan Besselink is providing training and coaching consultation and is serving as a coaching/performance consultant and that his involvement does NOT constitute or consist of providing physical therapy. [initial ____]

Waiver and Release: I waive, release, and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or my traveling to and from any activities at SSI and South Congress Athletic Club (SCAC). In consideration of the above, I, for myself, my heirs, and assigns, hereby release Allan Besselink, SSI, and SCAC from any claims, demands and causes of action arising from my participation in this training program and coaching.

I accept complete responsibility for my health and well-being in this voluntary training program and understand that no responsibility is assumed by Mr. Besselink, SSI, or SCAC. I waive any claim or cause of action for any personal damage or injury which I may sustain, whether occurring during or after my participation in the training program, and which may be blamed upon or allegedly be a result of such program. [initial ____]

Consent For Photography and Videotaping: I freely and voluntarily consent to participate in a videotape recording as it relates to my program. I understand that the purpose of this is to enhance and individualize the development of my program and to use as a research and educational database. I hereby authorize Allan Besselink to keep, preserve, use and dispose of this videotape for these purposes under the provision that my name will not be associated with any of the results unless given my express written consent to do so. [initial ____]

Payment Responsibility: I am the party responsible for payment of all services. It is my complete understanding that if I wish to terminate or change my membership in any way, I must give SSI a 30 day written notice prior to my termination date. I agree to make full payment within 30 days of notification of any remaining balance, or make suitable arrangements with SSI. I have read the above policies and procedures and understand them as they relate to me. I will abide by all policies and procedures noted above. [initial ____]

Acknowledgement of Receipt of Notice Of Privacy Practices

I have been offered a copy of the Notice of Privacy Practices for SSI on the SSI website (www.smartsport.info).

Acceptance of Policies:

To the best of my knowledge, the above information is true and correct, and I fully understand the policies stated above.

Participant's Signature

Date

Parent/Guardian

Date