



NAME: _____ START DATE (TODAY'S DATE): _____

ADDRESS: (street) _____ (city/state/zip) _____

EMAIL: _____

CELL PHONE: _____ BIRTH DATE: _____ AGE: _____

EMERGENCY CONTACT NAME & PHONE NO. _____

T-SHIRT SIZE: ___XS___SM___MD___LG___XL___XXL USAT MEMBER? ___USAT NUMBER _____

TRAINING OPTIONS

***COACHED ATHLETES ARE ADDED TO TORTUGAMAN CLUB (for group training purposes) VIA 1-TIME SET-UP FEE.**

- TRIATHLON GROUP TRAINING via Training Peaks: **SMALL TEAMS** (2-5 @ \$100/mo.); **1 SPORT** (SWIM, BIKE, RUN) \$75/mo.
- 1, 2 OR 3 DAY EVENT/CAMPS: ___MOCK TRIATHLON; ___SWIM CLINIC; ___TRIATHLON CAMP = \$_____
- INDIVIDUALIZED COACHING— SPORT SPECIFIC/RACE SPECIFIC PROGRAMS DELIVERED VIA TRAINING PEAKS:**
 - ___ANNUAL SET-UP/EVALUATION \$95 – 1-time cost for custom training setup + Skills Evaluation (includes Tortugaman club.)
 - ___TeamWorks PREMIUM Coaching \$150/mo - includes 1x per month in-person coached or video training session.
 - ___TeamWorks PREMIUM PLUS \$200/mo - includes 1x per week coached session via phone, skype or in person.
 - ___TeamWorks TAILORED \$100/mo - ONLINE ONLY- includes unlimited email, text and phone follow up.
 - ___Optional Training Partner ADD-ON (1/2 monthly fee of full price athlete). Follows same plan in Training Peaks.
- CUSTOM ONE-ON-ONE SESSIONS: \$48 =1 session; \$130 =3 sessions; \$199 =5 sessions; \$255= 7 sessions; \$350 =10 sessions
- PRE-PROGRAMMED ATP- annual training plan. **OUTLINE ONLY = \$25.** (TRIATHLON SEASON SET-UP 9-12 MONTHS)
- PRE-PROGRAMMED PERFORMANCE PLAN (SINGLE or MULTI-SPORT 4 WEEK= \$50; 6 WEEK= \$75; 10-12 WEEK= \$100)
- 6WK PRE-PROGRAMMED SPORT SPECIFIC (Stronger Run off the Bike; Power focused Cycling; Swimming w/Drills) \$59

- *PLEASE INITIAL AGREEMENT TO EACH CONDITION BELOW APPLICABLE TO TRAINING PEAKS COACHED ATHLETES:**
- ___ MONTHLY TRAINING DUES PAYABLE EACH MO. APPLICABLE TO START DATE / LATE AFTER 10 DAYS-Terminate Tr. Peaks
- ___ ATHLETES TRAINING FOR HALF/FULL IRONMAN DISTANCE MUST CHOOSE PREMIUM OR PREMIUM PLUS PROGRAM.
- ___ ALL COACHED ATHLETES WILL INITIATE WEEKLY/MONTHLY SCHEDULING OF ONE-ON-ONE COACHING SESSIONS.
- ___ TRAINING PROGRAMS INCLUDE FREE 'BASIC' TRAINING PEAKS COACHED ACCOUNT.
- ___ MUST GIVE 30 DAYS NOTICE TO TERMINATE COACHED TRAINING PROGRAM. TeamWorks dues are mo-to-mo (no contract.)

ATHLETE INFORMED CONSENT

Assumption of Risks: I understand that participation in endurance sports and conditioning carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I know that swimming, biking, running, & triathlon is potentially hazardous and I certify that I am in good health, physically fit to enter endurance training. I acknowledge that I am aware of the many risks of injury that are involved in athletic training in general, including conditions/injuries which could be life threatening. I read the previous paragraphs and I know, understand, and appreciate these and other risks that are present while training for and participating in pool, open water, road, trail, and track training and racing, including additional conditioning/cross training activities associated with said training. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS TeamWorks Community, Tortugaman Club, Michelle Smith, and William Smith from all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement TeamWorks Multisport training programs.

Severability: I, the undersigned further expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

____/____/____
Date

Athlete's Signature

www.teamworkscommunity.com

www.facebook.com/TeamWorksCommunity



ATHLETE MEDICAL HISTORY QUESTIONNAIRE

Name: _____ Date of Birth: ___ - ___ - ___ Age: _____
 Address: _____ City: _____ State _____ Zip: _____
 Cell Phone: _____ Email address: _____

Personal Physician: _____ Emergency Contact: _____
 Name: _____ Name: _____
 Address: _____ Relationship: _____
 City/State: _____ Phone: (____) _____
 Zip: _____ Phone: _____

Medical History

Please list any medications taken on a regular basis (prescription and nonprescription):

MEDICATION	DOSE	FREQUENCY	REASON

Allergies

Are you allergic to any medications? ___ NO ___ YES

If yes, please explain.

ALLERGIC TO:	REACTION:

Any special medical needs or information the coach should be aware of?

Other Health History Questions: (*Please explain any "Yes" answers in the space below.)

Yes ___ No ___ 1. Do you have any metabolic diseases, controlled or uncontrolled, such as diabetes, hyperthyroidism, hypothyroidism, etc.?

Yes ___ No ___ 2. Do you, or have you ever, smoked regularly?

Yes ___ No ___ 3. Do you take any drugs or medications? _____

Yes ___ No ___ 4. Are you, or have you been, recently pregnant?

Yes ___ No ___ 5. Do you have high cholesterol?

Yes ___ No ___ 6. Have you had any surgery in the past year?

Yes ___ No ___ 7. Have you ever had an injury that caused you to stop exercising for more than one week?

Yes ___ No ___ 8. Are you, or have you ever been, anorexic or bulimic?

Yes ___ No ___ 9. Are there any other physical or emotional problems that may affect your training?

*Explain: _____



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

*Please explain any "Yes" answers in the space below.

Yes ___ No ___ 1. Has a doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

Yes ___ No ___ 2. Do you have chest pain brought on by physical activity?

Yes ___ No ___ 3. Have you developed chest pain within the last month?

Yes ___ No ___ 4. Do you tend to lose consciousness or fall over as a result of dizziness?

Yes ___ No ___ 5. Do you have a bone or joint problem that could be aggravated by physical activity?

Yes ___ No ___ 6. Has a doctor ever recommended medication for high blood pressure or a heart condition?

Yes ___ No ___ 7. Are you aware, through your own experience or a doctor's advice of any other physical reasons against your exercising without medical supervision?

*Explain: _____

EQUIPMENT AND CURRENT FITNESS LEVEL

In order to help us plan a fitness program for you, it is necessary to evaluate some of your health and lifestyle history/practices as well as your present state of fitness. The questions need to be answered to the best of your ability. The information gathered will be used only in making recommendations for your program. Your individual data will be kept confidential.

1. Do you own a heart rate monitor? Yes No

2. What is your waking (**RESTING HEART RATE**) or lowest pulse? _____ beats per minute.

2a. is this high or low for you? _____ OR don't know (if you don't know we will need to get a read on it ASAP)

3. What is the highest heart rate (range) you have noticed while running? _____

3a. During cycling? _____ 3b. During swimming or another sport? _____

4. Please list all equipment for Triathlon that you own or have access to relating to each of the following:

SWIM (everything relating to swimming)

BIKE (type of bike and accessories)

RUN/ELECTRONICS



5. Circle your **current fitness level** compared to your highest fitness level in the past 5 years. (1 = LOW, 5 = HIGH)
 1 2 3 4 5

6. Describe your **current training week**. If you keep a training log, include a copy of last week:

7. How long have you been swimming/biking/running overall? SWIMMING _____ BIKING _____ RUNNING _____

Current swimming/biking/running info:

Average miles/yards per week: _____ swim _____ bike _____ run

Average pace per mile/or 100yd: _____ swim _____ bike _____ run

Days/week you train in: _____ swimming _____ biking _____ running

8. Describe your longest training session in the last 3-4 weeks: _____

9. Last known race info:

Event/date: _____ Distance: _____ Finish Time: _____

Event/date: _____ Distance: _____ Finish Time: _____

10. List PRs and year for each: 5K _____/____ 10K _____/____ 13.1 _____/____ 26.2 _____/____
 Sprint Tri _____/____ Intermediate Tri _____/____ 70.3 _____/____ 140.6 _____/____

11. What is your reason/motivation for registering with this coaching organization/camp/clinic?

(Check all that apply)

____ General fitness ____ Social ____ Compete ____ Improve overall race performance

____ Competitive race finish (1st, 2nd or 3rd) ____ Bucket list

12. Are you currently or recently recovering from any injury or illness? Explain:

13. **SHORT TERM GOAL:** At the end of this **month/quarter**, how will you judge if your training program is working?

14. **LONG TERM GOAL:** At the end of this **season**, how will you judge if this training program was successful?

15. Generally, why do you train and compete in endurance sports (be honest)?

CHECKLISTS:

Here is a checklist of all the equipment/supplies you must have or may want for training and racing: **(Please initial all that you currently have.) Items in bold are MUST HAVES.**

SWIM & GENERAL

1. ___ GPS/WATCH- **mandatory for all athletes**
2. ___ HEART MONITOR- **mandatory for half or full IM training**
3. ___ Tri Suit or swim suit (+wetsuit for cold weather)
4. ___ Cap & Goggles
5. ___ ROAD ID <https://www.roadid.com/>

BIKE - CHECK & FILL TIRES BEFORE EVERY RIDE (What type of bike do you have- Road or Tri? _____)

1. ___ Brightly colored bike jersey- dri fit / moisture wicking shirt (no T-shirts)
2. ___ Tire pump-*mounted on your bike* OR CO2 cartridge, extra tube/patch kit, tire tool, bike multi-tool such as Allen wrench-*these will all fit in a small pack under your seat.*
3. ___ Certified Helmet **MUST FIT CORRECTLY- SNUG ON HEAD & CHINSTRAP** + Sunglasses
4. ___ CELL PHONE AND ID (ID bracelet, tags or driver's license mandatory.)
5. ___ Bike Shoes (optional-you may be biking in your running shoes)
6. ___ Socks (optional)-wool or 'moisture wicking' socks are the best.
7. ___ Red flashing bike light/reflector on rear
8. ___ White lights (on your helmet and on your bike) **MANDATORY** for riding in the dark.
9. ___ 2 Bottle Cages (Holders) + Water bottle / Sports drink (1 each)
10. ___ FUEL/NUTRITION (for longer rides-over 1 hour)
11. ___ Bike gloves (optional-a must for cold weather)
12. ___ Bike trainer for indoor riding

****FOR COLD WEATHER-Dress in several layers and make sure your outer layer is a wind breaker. Also keep your ears warm – headband or 'ski gator' is good.**

RUN – Dress weather appropriate – multiple layers in winter + hat, gloves & chapstick

1. ___ Proper fit / supportive Running Shoes (*Professional fit recommended by sports performance shoe shop*)
2. ___ Speed laces
3. ___ Race belt
4. ___ Proper seasonal running attire which is moisture wicking/dri fit /wind resistant
5. ___ Socks (optional-moisture wicking material, stay away from cotton)
6. ___ Water bottle - bring your own water + nutrition (protein bar, gels, chews)
7. ___ Sunglasses/Sunscreen (optional)
8. ___ Hat/gloves (optional)

LIST ANY ADDITIONAL ITEMS YOU HAVE RELATED TO TRIATHLON- (TRAINER, ROLLERS, OTHER EQUIPMENT)



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ZONE TRAINING AND LACTATE THRESHOLD TESTING

RPE (Rate of Perceived Exertion) Scale

Zone 1 – Very easy effort with fairly normal breathing	(full conversation)
Zone 2 – Moderately easy with increased breathing	(short conversation)
Zone 3 – Mod to moderately hard/fast- some labored breathing	(short sentences–couple words)
Zone 4 – Hard/Fast with labored breathing	(can't talk now)
Zone 5 – Very hard/fast with panting	(sprinting speed – maximum effort)

Determine LTHR- Lactate Threshold Heart Rate (IF YOU HAVEN'T DONE THIS WE WILL TEST 1ST OR 2ND WEEK) (RUNNING & CYCLING)

STEP 1: This LTHR test is best done before starting the training plan. To find your LTHR do a 30 minute time trial all by yourself- no training partners and not in a race. However, it should be done as if you were in a race for the entire 30 minutes. At 10 minutes into the test, push your LAP button in order to record your Heart Rate for the last 20 minutes. Your last 20 minute Heart Rate average is your LTHR. Yes you should still do the test as fast as you can for the ENTIRE 30 MINUTES.

STEP 2: Establish your training zones using the following guide for each zone by sport.

RUN ZONES:

- Zone 1 Less than 85% of LTHR
- Zone 2 85% to 89% of LTHR
- Zone 3 90% to 94%
- Zone 4 95% to 99%
- Zone 5a 100% to 102% of LTHR
- Zone 5b 103% to 105% of LTHR
- Zone 5c More than 106% of LTHR

YOUR ZONES:

< _____
 _____ to _____
 _____ to _____
 _____ to _____
 _____ to _____
 _____ to _____

BIKE ZONES:

- Zone 1 Less than 81% of LTHR
- Zone 2 81% to 89% of LTHR
- Zone 3 90% to 93%
- Zone 4 94% to 99%
- Zone 5a 100% to 102% of LTHR
- Zone 5b 103% to 105% of LTHR
- Zone 5c More than 106% of LTHR

YOUR ZONES:

< _____
 _____ to _____
 _____ to _____
 _____ to _____
 _____ to _____
 _____ to _____



MODEL RELEASE

Through the course of training with TeamWorks and its affiliates you may be photographed from time to time and these pictures may be used online via TeamWorks website, social media, or in print advertising such as posters and flyers. We take pictures almost every day and need your expressed, written consent.

Included in my affiliation with TeamWorks Community, I hereby give Michelle Smith, TeamWorks LLC., dba TeamWorks Community or its assigns, licensees, successors in interest, legal representatives, and heirs the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. I have read this release and am fully familiar with its contents.

Print Name: _____

Signature: _____

Date: _____

If Individual/Model is under 18:

I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: _____

Signature: _____

Date: _____