

To sign up for coaching services through TriMyBest.com, please complete the following questionnaire, waiver, and contract, then mail them to:

Paul Fritzsche
237 W Park Ave
State College, PA 16803

Please enclose your payment of \$300 for the first 4-week cycle (or you can pay multiple months at once, if you prefer). *Both payment and paperwork must be received before you receive your first weekly training plan.*

Athlete Questionnaire (for Triathlon Coaching)

Please fill out the following information as thoroughly as possible. The more info you provide, the better I can assist you in achieving your goals!

Personal Information:

Name: _____
 Address: _____
 Phone Numbers: (home) _____ (work) _____
 e-mail address: _____
 Birth Date: _____ Age: _____
 Married? Y N
 Children? Y N
 Height: _____ Weight: _____

Please indicate "Yes" (Y) or "No" (N) if you have ever experienced any of the following conditions:

<input type="checkbox"/> Heart/Cardiovascular Disease	<input type="checkbox"/> Tendonitis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Sprains/Strains
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Asthma	<input type="checkbox"/> Orthopedic Conditions (knees, shoulder, ...)
<input type="checkbox"/> Allergies	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Digestive Disorders	<input type="checkbox"/> Chronic Fatigue
<input type="checkbox"/> Sinus Problems	<input type="checkbox"/> Skin Conditions
<input type="checkbox"/> Clinical Depression	<input type="checkbox"/> Other

If you indicated "yes" for any of the above conditions, please elaborate here (type, duration, frequency, etc):

Are there any other conditions or problems I should know about?

Are you currently taking any medication? (if "yes", please elaborate)

How many colds/flu have you had in the past year?

When did you get them? _____ How long did they last? _____

Do you follow any particular dietary guidelines (such as vegetarian, Atkins, etc.)? _____

Any particular reason?

Do you eat at least three balanced meals per day? _____

Do you snack? _____ On what: _____

Do you consume any caffeinated beverages regularly? _____

How much water do you consume each day? _____

Do you regularly eat "junk food" items daily? ____ Describe: _____
How long do you usually wait after eating before working out? _____
Do you eat right before you go to bed each night regularly? ____
Do you use any nutritional supplements (protein powder, vitamins, minerals, herbs, energy bars, etc)? ____ If "yes", please describe:

Work Information:

Occupation: _____
How many hours each day do you work on avg.? ____ How many days per week? ____
What are your working hours: _____ Do they ever change? ____
How far do you commute daily? _____ Do you ever commute by bicycle? ____
Do you travel for your job at all? _____ How often? ____
Is there a fitness center (or gym) at your workplace? _____
Are shower facilities available for you to use at work? ____
Are you ever able to workout during your lunch break? ____ If so, what do you do? ____
Is there anything else I should know about your work schedule?

Training and Racing Information:

Please write a brief summary of your athletic history (starting from your childhood) in the space below:

How many years have you been a triathlete? ____
What made you interested in becoming a triathlete? ____
Approximately how many triathlons have you completed? ____
Please list the events (if any) that you participated in last year (please include dates and results):

How many hours did you train during a typical week this past year? ____
Was that amount challenging to you athletically, or was it simply limited by the time you had available? Please explain:

How many days did you train during a typical week in the past year: ____
Did you ever take more than a week completely off from training in the past year? ____ Please explain:

How much sleep do you average per night? ____ Do you feel that amount is adequate for you? ____

Considering your other commitments (work, family, sleep, etc.), what is the maximum amount of time you feel comfortable dedicating to triathlon training per week this year? ____
Do you prefer to do your longest workouts on weekends, or do you have time during the week? ____
Are some days better or worse than others for training? ____ Which ones? ____
Are there any opportunities to train with other athletes in your area (i.e. with a friend or two, with a masters swimming team, on a group ride, with a running club, etc.)? ____ If "yes", please explain:

If you have any individuals/groups you regularly train with, please explain when you do it and what you do:

During a "long" swim workout, how many yards/meters do you usually swim?
How long was your longest swim ever?

How long (either distance or time) is a "long" bike ride for you?
How long was the longest ride you've ever done in training?

How long (either distance or time) is a "long" run for you?
How long was the longest run you've ever done in training?

If you have competed in multi-sport events before, which is your strongest event? _____
Which event is your weakest: _____ Any particular reason why?

Do you strength train? _____ If yes, please explain the frequency, type, where, and give an example of your typical routine:

Do you stretch your muscles? _____ If so, how frequently? _____

Do you currently, or have you ever, trained with a heart rate monitor? _____

Do you already have specific goals for the upcoming year/season? _____ If yes, please list them below:

What distance triathlons do you want to compete in this year (i.e. sprint, olympic, half-ironman, Ironman)?

Do you have any upcoming events on your calendar yet (even tentatively)? _____ If so, please list them:

What else should I know about you in order to develop a training plan that will help you work towards your goals and get more enjoyment from the sport? (Please be as complete as possible)

Athlete Waiver

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 training for and/or participating in such events poses potential risks of serious bodily injury, death, or property damage. I have provided Paul Fritzsche with all information that in any way relates to or could affect my physical health and attest that I am in good health and that my physical condition has been verified by a licensed medical doctor.

Furthermore, as a condition of participating in any of Paul Fritzsche's coaching programs, on behalf of myself and my heirs or executors, I hereby:

a) WAIVE, RELEASE, and DISCHARGE TriMyBest Triathlon Coaching and Paul Fritzsche, 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.

Athlete Printed Name: _____

Athlete Signature: _____

Date: _____

Triathlon Coaching Service Contract

I, _____ (Athlete's Name), hereby state my intent to employ the coaching services of Paul Fritzsche through "TriMyBest Triathlon Coaching".

Pricing Structure:

I will pay a rate of \$300 per 4-week cycle for 3 cycles (12 weeks), then \$250 per cycle after that until I want to stop. I can stop at any time, but when I return, I understand that I will start at the higher rate again for the first three cycles.

By signing below, I hereby guarantee that I will make the payments I have specified above and I acknowledge my acceptance of the following terms and conditions:

Payment for each 4-week cycles will be due at least 3 days before the first day of the cycle. I understand that Paul may withhold my training plan(s) until my payment is received.

Skipped Week Policy:

Occasionally, athletes need to skip a week due to vacation, sickness, injury, or other factors. Athletes with an annual commitment get 4 free skipped weeks (that week's payment is rolled over and your next payment will be due one week later). After those 4 weeks (or for athletes on the month-to-month plan), skipped weeks count for $\frac{1}{2}$ a regular week (2 skipped weeks only adds 1 additional week before your next payment is due).

The Athlete's Responsibility:

Although Paul usually send out "feedback reminder" emails at the end of each week, it is ultimately my responsibility to provide him with the feedback he needs to complete my next plan. Feedback is due each Saturday night, and submitting it later than that may result in a delay in receiving my next training plan.

Athlete's Printed Name: _____

Athlete's Signature: _____

Date: _____