



## Athlete Profile Form

Number of pages: 5

OFFICE USE ONLY	
<b>Date:</b>	
<b>Athlete Tier:</b>	<b>Status:</b>
<b>COACH:</b>	

*PLEASE PRINT*

SECTION 1 Current General Information						
First Name:		Last Name:			Date:	
Address:				City:		Postal Code:
Email:		Home #:		Cell #:		Work #:
DOB: ___/___/___ DD MM YY	Male	Female	Height:            cm	Weight: Off-season:           Kg In-season:           Kg		
Emergency Contact	Name:		Relationship:		Phone #:	
	Address:					
Bike (s) Brand	Model:		Components:		Size:	How old?;
Road						
MTB						
TT						
BMX						
Track						

SECTION 2 Program	
<b>Talent Development Pool (TDP) U15- U19</b>	Provincial program: led by Provincial Coach <input type="checkbox"/>
<b>High Performance Pool (HPP) U23</b>	Provincial Program led by Provincial Coach <input type="checkbox"/>

<b>SECTION 3 Most Recent Testing Data</b>			
VO2max:	MAP Test final power output: (watts)	Protocol used:	Date: ___/___/___ DD/ MM/ YY
Max Power output (Wingate):		Protocol used:	Date: ___/___/___ DD/MM/ YY

<b>SECTION 4 Previous Training and Competition (Complete if you are new to program)</b>					
Racing Discipline:	Road	Track	MTB	BMX	Years training in this discipline:
Other sport & Experiences					Years of training:
<b>Weekly Training Volumes :</b>			Total Training volume last season – Km:                      Hrs:		
Average last season -	Km:	Hrs:	Racing volume last season - Km:                      Hrs:		
Availability for this season:	Km:	Hrs:	Number of Races:		
Name of your team or club:			Please indicate what type of measuring device you use in your training: <b>Heart Rate Monitor</b> <input type="checkbox"/> <b>Power Meter</b> <input type="checkbox"/> <b>None</b> <input type="checkbox"/>		
How often do you do strength and core workouts:					
Any problem or comments about strength programs;					
What were your goals & objectives for last season?					
Did you achieve your goals and objectives last season? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, please explain why):					
Best racing results in the past two years:					

## SECTION 5 Previous Coaching

Have you worked with a coach before: YES : <input type="checkbox"/> NO <input type="checkbox"/>		His/her certification level:
How long did you work with the above coach:		
Do you have an YTP (Yearly Training Plan) for last season?		YES : <input type="checkbox"/> (please provide a copy); NO <input type="checkbox"/>
Do you have a race schedule for the current season?		YES : <input type="checkbox"/> (please provide a copy); NO <input type="checkbox"/>

## SECTION 6 Medical

Have you had any injuries or over-training problems in the past 2 years: Yes <input type="checkbox"/> (If yes, please explain); No <input type="checkbox"/>
List medications and supplements you are taking:
Name and contact information of your family or Sports Medicine Doctor:
Date of last medical examination (blood test, etc.):
Are you healthy and cleared by a certified medical physician that that you are ready to participate fully in all aspects of training and racing with Saskatchewan Cycling Association programs? YES <input type="checkbox"/> NO <input type="checkbox"/> Initial:_____

## SECTION 7 Goals and Race Schedule

What are your goals & objective? (short, mid, long term)

Are there any limiting factor (s) to prevent you from reaching your goals?

How many hours per week do you work: (please include what type of work you do – including school):

Average hours per week you can train:

Total volume of training for the last two seasons (including race volume):

1-Last season                      Hours :                      Km:                      Number of races:

2-season before last:              Hours:                      Km:                      Number of races:

Please provide your race schedule, including name of the race, date, location, and mark **A** (important) **B** (intermediate) **C** (not important, training race)

Race Schedule -continued

<b>Signature:</b>	<b>Date:</b> _____ MM/DD/YYYY
<b>Name and Signature of Parent</b> athletes under 18 years of age	<b>Date:</b> _____ MM/DD/YYYY
<b>Name:</b>	
<b>Signature:</b>	

Please submit to:

Saskatchewan Cycling Association  
 2205 Victoria Avenue  
 Regina, Saskatchewan  
 Canada  
 S4P 0S4  
 Attn, Sarah Honeysett, Executive Director:

Or email to SCA at [cycling@accesscomm.ca](mailto:cycling@accesscomm.ca) with *Athlete Profile Form* in the subject line