



Form 2

OFFICE USE ONLY	
Date:	
Athlete Tier:	Status:
COACH:	

PLEASE PRINT

SECTION 1 General Information						
First Name:		Last Name:			Date:	
Address:				City:		Postal Code:
Email:		Home #:		Cell #:		Work #:
DOB: ___/___/___ or age DD/MM/YY	Male	Female	Height: Cm	Weight: Off-season:	Kg	
				In-season:	Kg	

SECTION 2 Most Recent Testing Data				<i>Please attached a copy of the test report</i>	
VO2max:	MAP Test final power output: (watts)	Protocol used:	Date: ___/___/___ DD/MM/YY		
Max Power output (Wingate):		Protocol used:	Date: ___/___/___ DD/MM/YY		

SECTION 3 Previous Training and Competition						
Racing Discipline:	Road	Track	MTB	BMX	Others Sports:	Years training in this discipline:
Training volume last season – Km:		Hrs:		Racing volume last season - Km:		how many races completed:
Training volume this season – Km:		Hrs:		Racing volume this season - Km:		how many races completed:
Your weekly training Volume: KM:		Hrs:		Please indicate what type of measuring device you use in your training: Hart Rate Monitor <input type="checkbox"/> Power Meter <input type="checkbox"/> None <input type="checkbox"/>		
				Brands:		
Name of your team or club:				How long have you been with this team or club:		

SECTION 4 Describe your bicycle

Brand: _____ Year: _____ Frame type: road, _____ TT _____ MTB _____ track _____ BMX _____ other _____

Frame Size: _____ Crank length _____ Chain Ring Teeth : (Big Ring T: _____ Small Ring T: _____)

What is your shoe and pedal brand?

How old are your shoes, cleats and pedals?

SECTION 5 Medical

Did you have any injuries or over training problems in the past 2 years: Yes (If yes, please explain); No

Name and contact information of your Sports Medicine Doctor:

Date of last medical examination (blood test, etc.):

Date: _____ Athlete Signature: _____
(MM/DD/YYYY)

Name and Signature of Parent
(for athletes under 18 years of age)

Date (MM/DD/YYYY)