

Store use only: Level _____ Payment _____ Initial _____



TRI-FIT PROGRAM APPLICATION FORM

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Date of birth:	Age on 12/31/12:	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email address			
Home Phone			
Cell Phone	I prefer calls to my: Home <input type="checkbox"/> Cell <input type="checkbox"/>		
Shirt Size?	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>

EMERGENCY CONTACT	
Name	Relationship
Primary Contact Phone	Alternate phone

PROGRAM INFORMATION					
Please indicate the program for which you are registering:		<input type="checkbox"/> TRI-FIT 1.0		<input type="checkbox"/> TRI-FIT 2.0	
Previous triathlon experience - check all that apply	<input type="checkbox"/> None	<input type="checkbox"/> Sprint	<input type="checkbox"/> Olympic	<input type="checkbox"/> Half-Ironman	<input type="checkbox"/> Ironman
Indicate your level of competition for the upcoming training program:	<input type="checkbox"/> Finish		<input type="checkbox"/> Improve my time		<input type="checkbox"/> Place in Age Group

Liability Waiver and Release

I acknowledge that by signing this document, I am releasing Fleet Feet Sports Tucson, Full Spectrum Sports, and all of its respective agents and employees from liability. I hereby acknowledge that I am in good health to participate in the personal training for which I am registering and I attest and verify that I am physically fit and have prepared for such personal training and that I have not been advised against participation in such activity by a qualified health care professional. I understand that it is strongly recommended that I consult with my physician prior to engaging in this training program. By signing this document I hereby fully assume any and all risks associated with my participation with Fleet Feet. I hereby waive, release, discharge, hold harmless, and indemnify Fleet Feet from any and all claims arising, and from any and all damages which may be sustained directly or indirectly or out of my association with Fleet Feet training programs.

I grant permission for the use of my name and/or likeness relating to my personal training through Fleet Feet Sports Tucson, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

Signature: _____ Date: _____

**No refunds will be provided in full or in part for any reason, including injury, after a program begins. No prorated fees are provided for late enrollments. Payment and registration must be received before participating in the program.*

We respect your privacy and will not release personal information without prior consent or approval from the individual.

MEDICAL BACKGROUND

Name:

Date of Birth:

Age:

Do you have any conditions that you or your doctor says may limit your physical activity? YES NO

If yes, please explain:

Please list any current and past injuries that could limit your physical activity during this program. Please include dates.

Injury/condition:

Date :

Injury/condition:

Date :

Are you currently under the care of a physician? YES NO

Have you received a complete physical in the last 12 months? YES NO

Please list any medications that you are currently taking:

Name of medication:

Purpose for taking :

Name of medication:

Purpose for taking :

Name of medication:

Purpose for taking :

Please answer each of the following.

- YES NO Have you or anyone in your family had coronary heart disease?
 YES NO Have you ever fainted or felt dizzy after exercise?
 YES NO Has a doctor ever said that your blood pressure is too high?
 YES NO Do you have heart trouble, a heart murmur, or have you had a heart attack?
 YES NO Do you have diabetes, a thyroid condition, or any other chronic condition?
 YES NO Are you now or have you been pregnant during the last three months?

Please explain any answers that you marked with a yes:

FITNESS BACKGROUND & TRAINING HISTORY

Please check the box that corresponds to your current level of **General Fitness**:

 Low Below average Average Above average High

Over the next 2-3 months, which triathlon distance do you intend to prepare for? (check all that apply)

 Sprint Olympic Other _____

Do you regularly train with a heart rate monitor or GPS unit? YES NO If yes, which device do you use?

SWIM:

Yes No I can swim 2 lengths of a pool (50 yards) using the crawl (freestyle) stroke.

Yes No I am currently swimming regularly.

A typical swim workout for me consists of: yards

Yes No I can swim 800 yards.

My longest swim in the last 3 months was: yards

List any specific swim goals for the current training program:

BIKE:

Yes No I currently have a suitable bike to train with.

Yes No I am currently biking regularly.

A typical bike workout for me consists of: hrs/min

Yes No I can bike continuously for 40 minutes.

My longest bike ride in the last 3 months was: hrs/min

List any specific cycling goals for the current training program:

RUN:

Yes No I can run continuously for 30 minutes.

Yes No I am currently running regularly.

A typical run workout for me consists of: hrs/min

Yes No I have participated in running races.

My longest run in the last 3 months was: hrs/min

List any specific running goals for the current training program: