

**Bob Williams Coaching Services**

**Athlete Questionnaire**

Please fill out this form to the best of your ability. IF you have any questions, call me at 503-888-9882 or email me at ( coach underscore bob) [coach\\_bob@verizon.net](mailto:coach_bob@verizon.net). Return the completed form to me at PO Box 25601, Port., Ore 97298, or fax 503-643-1794

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Best phone number to reach you : daytime \_\_\_\_\_ evening \_\_\_\_\_ cell \_\_\_\_\_

Email address: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Spouse Name \_\_\_\_\_

Children: Names and ages \_\_\_\_\_

Place of Employment: : \_\_\_\_\_ Hours/week: \_\_\_\_\_

Student: Grade \_\_\_\_\_ School: \_\_\_\_\_

How many years have you been walking \_\_\_\_\_ running \_\_\_\_\_ for fitness/competition? \_\_\_\_\_

Do you compete against your self \_\_\_\_\_ with others \_\_\_\_\_ recreation only \_\_\_\_\_

Comments: \_\_\_\_\_

My fitness / competition goals are: \_\_\_\_\_

\_\_\_\_\_

**Competitive Sports/ Recreation participation History:**

Grade school/ Junior High: \_\_\_\_\_

High School spots: Events, times \_\_\_\_\_

College: events/times: \_\_\_\_\_

Any track racing in last 2 years? \_\_\_\_\_

Road Racing: Best times: 5K \_\_\_\_\_ 10K \_\_\_\_\_ 15 K \_\_\_\_\_ 1/2 Mara \_\_\_\_\_

Marathon: \_\_\_\_\_ Most recent race, date \_\_\_\_\_

My preferred racing distances are : \_\_\_\_\_

Short Term Goal 3 months: \_\_\_\_\_

6 Months: \_\_\_\_\_

1 Year: \_\_\_\_\_

**Health History:**

Please list any health risks, family history that may affect your training and racing. Please include appropriate to training medications you are currently taking. \_\_\_\_\_

\_\_\_\_\_

Please describe any training problems you have had this

year: \_\_\_\_\_

Please explain why you are seeking personal coaching: \_\_\_\_\_

\_\_\_\_\_

Any additional Comments about your history, goals, etc., that will be helpful to know you better: \_\_\_\_\_

\_\_\_\_\_

Please provide me with the last 2 weeks of your training program as accurate as possible: what you did each day, number of minutes or miles, added fitness activity, other recreational / sport activities.

This week: Dated From: \_\_\_\_\_ to \_\_\_\_\_ 2007

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ 2007

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**Waiver:** In consideration of my accepting personalized coaching from Bob Williams, I, the undersigned for myself, my heirs, and assigns, hereby waive and release any and all claims for personal

damages that I may have against Bob Williams, his instructors and staff. I have no known health risks. I have been given clearance by my personal physician and I am physically fit and healthy to begin personal coaching instruction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

1/20/08