

# Start-Up Application

Please submit application with \$75.00 application fee to the address provided below.

## Basics About You

Name \_\_\_\_\_  
Street \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Gender  M  F Waking pulse \_\_\_\_\_  
Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
At which number should you be called? Home \_\_\_ Work \_\_\_ Either \_\_\_  
Best times to reach you. \_\_\_\_\_

## How do you prefer to receive workouts:

FAX \_\_\_ US mail \_\_\_ E-mail \_\_\_  
E-mail address: \_\_\_\_\_

## What about your other-than-athletic life? (Optional.)

Occupation \_\_\_\_\_ Hours worked weekly \_\_\_\_\_  
Married?  Yes  No Spouse's Name \_\_\_\_\_ Children?  Yes  No  
For which sport(s) do you want coaching?  
 Road Cycling  Mountain Biking  Triathlon  Duathlon  Running  
Your Health History Explain any "yes" in space provided or on separate page.  
\_\_\_Y\_\_\_N

1. Have you or anyone in your family had coronary artery disease?

\_\_\_\_\_  
\_\_\_Y\_\_\_N

2. Do you ever have chest, shoulder, neck, or arm pains after exercise?

\_\_\_\_\_  
\_\_\_Y\_\_\_N

3. Have you ever fainted, felt dizzy, or unusually winded after exercise?

\_\_\_\_\_  
\_\_\_Y\_\_\_N

4. Has a doctor said that your blood pressure is too high or uncontrolled?

\_\_\_\_\_  
\_\_\_Y\_\_\_N

5. Has a doctor ever said you have heart trouble, a heart murmur, or that you have had a heart attack?

\_\_\_\_\_  
\_\_\_Y\_\_\_N

6. Are you diabetic, have a thyroid condition, or any chronic condition?

\_\_\_\_\_  
\_\_\_Y\_\_\_N

7. Are you using any medications?

List \_\_\_\_\_  
\_\_\_Y\_\_\_N

8. Is your cholesterol level high? What's your cholesterol count? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_Y\_\_\_N

9. Have you ever had a complete physical exam including stress test on a treadmill or ergometer?  
When? \_\_\_\_\_ (Include copy of results.)

\_\_\_\_\_  
\_\_\_Y\_\_\_N

10. Do you have any condition that a doctor says may limit your exercise?

\_\_\_\_\_  
\_\_\_Y\_\_\_N

11. Have you ever smoked? When did you quit?

\_\_\_\_\_  
\_\_\_Y\_\_\_N

12. Have you ever had a joint or back disorder or any current injury?

\_\_\_\_\_  
\_\_Y \_\_N

13. Have you had surgery in last 12 months?

\_\_\_\_\_  
\_\_Y \_\_N

14. Are you now, or have you been pregnant in last three months?

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## Your Athletic History

1. List your favorite sports and years of participation.

Sport

Years

Comments

2. Your strength training. Type: \_\_Nautilus \_\_Universal Gym \_\_Free weights \_\_None

Briefly describe your current routine (days per week, sets, reps, resistance).

3. Have you ever had an exercise-related injury that caused you to stop exercising for a week or more? Describe.

4. List your best race results (tri/duathletes, runners, and time trialists also list times).

Events:

Results:

## Your Current Athletic Information

1. What are your three most important goals? Please rank them 1-2-3.

1.

2.

3.

2. At the completion of our first season together, how will we know if we were successful? What is the single most-important thing we must accomplish?

3. What is your training week like now? (Or send a copy of your last two months' log.)

Day:

Type of workout:

How long:

How hard (low-medim-high or, don't know?):

**Please list your workout log.**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

4. Is the above \_\_\_high \_\_\_low \_\_\_normal for you? (Can attach copy of log.)

5. What is your longest workout in the last 3 weeks? \_\_\_\_\_Type: \_\_\_\_\_

6. How many weekly hours do you have available to train? \_\_\_\_\_

7. Which day is best for you to take off from training? (circle one)

M T W T F S S

8. How many miles (distance) or hours did you train in the past 12 months?

Swim\_\_\_\_\_ Road Bike\_\_\_\_\_ Mtn Bike\_\_\_\_\_ Run\_\_\_\_\_ Other \_\_\_\_\_

## Miscellaneous

1. Do you own a heart rate monitor? \_\_Y \_\_N Brand?\_\_\_\_\_ Model \_\_\_\_\_

2. What's the highest heart rate you've ever noticed during exercise? \_\_\_\_\_

3. What was the type of exercise when you noticed the above pulse? \_\_\_\_\_

4. Do you know your lactate/anaerobic threshold (AT) heart rate or power level for any sport?

Run\_\_\_\_\_ Bike\_\_\_\_\_ Swim\_\_\_\_\_ XC Ski\_\_\_\_\_ Rowing\_\_\_\_\_ Other \_\_\_\_\_

5. How was it determined? \_\_\_\_\_

## Diet

1. What, exactly, did you eat yesterday?

**Breakfast**

**Lunch**

**Dinner**

**Snacks**

## Athlete Waiver and Release

I acknowledge that training for and/or participating in a bicycle, running, swimming, triathlon or duathlon event is an extreme test of a person's physical and mental limits and such training or participation poses potential risks of serious bodily injury, death, or property damage. With full understanding of the risks I am taking, I HEREBY ASSUME ALL THE RISKS OF TRAINING FOR AND PARTICIPATING IN SUCH EVENTS and agree to the following (initial statement to which you agree at the "Init" space):

(Init) \_\_\_ CoachJay, Inc. has been retained to assist me in the improvement of my fitness.

(Init) \_\_\_ I hereby attest that I am in good health and my physical condition has been verified by a licensed medical doctor.

(Init) \_\_\_ In consideration of being accepted as a fitness client by CoachJay, Inc., I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf: (a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims, costs, or liabilities for death, personal injury or damages of any kind, which arise out of or relate to my training for or participation in a bicycling, running, swimming, triathlon or duathlon event, THE FOLLOWING PERSONS OR ENTITIES: CoachJay, Inc., its Officers, Directors, employees, coaches, consultants, and agents of any of the above (collectively, "CoachJay, Inc."); (b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, costs or liabilities that I have waived, released or discharged herein; and (c) I 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 except those resulting from the willful acts or gross negligence of CoachJay, Inc.

(Init) \_\_\_ I am solely responsible for my debits. I agree to pay collection fees, if my debits are 60 or more days overdue.

(Init) \_\_\_ I agree to abide by the laws of the State of Georgia and to litigate any disputes between myself (the Client) and CoachJay, Inc. within the legal jurisdiction of Georgia.

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

Printed Name: \_\_\_\_\_

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

**Return form with a \$75.00 Start-Up fee to:**

**Coach Jay Marschall, Inc.**

1809 Briarwood Blvd.

Billings, MT 59101

Thank you for your interest in coaching with Jay Marschall.