



KELLY CYCLE
COACHING
MTB & CX
PROGRAM START SHEET

DATE / /

Name: _____

Address: _____

Phone: (home) _____ (mobile) _____

Email: _____

DOB ____/____/____ Height _____ Weight _____

Emergency contact: _____ (mobile) _____

Equipment available for training:

Rollers: __YES / NO__ Trainer: ____YES/ NO__

Power Cranks/Pedals (if so what type): _____

Bikes – please list what bikes you currently have and like to use for training/racing etc

MTB: _____

CX: _____

Road: _____

Other: _____



1. Sporting Background

2. SLEEP Monday to Sunday (7/days) – note any sleeping difficulties, etc

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



3. Food Intake 3 meals/7 days – (any specific dietary issues – gluten intolerant/vegetarian, etc)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Snacks							
Lunch							
Snacks							
Dinner							

Please fill in what you typically eat each day so we can understand how and when you eat.



4. Current training regime (7 days). Detail in km's and/or hours for each session.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM



5. Work - School - Study (7 days)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6. Family, Friends, Partner, etc What do they think about your time & effort put into Cycling?

7. Other hobbies, sporting activities, other activities, etc



8. Current Racing Performances. List any recent results (if any)

**9. Rate your strengths in mountain bike/CX riding and from 1 (not very good) to 10 (excellent).
Rate yourself compared to your peers.**

General dirt fitness	1	2	3	4	5	6	7	8	9	10
Technical terrain	1	2	3	4	5	6	7	8	9	10
Flowy terrain	1	2	3	4	5	6	7	8	9	10
Berms and jumps	1	2	3	4	5	6	7	8	9	10
Climbing	1	2	3	4	5	6	7	8	9	10
XCO races	1	2	3	4	5	6	7	8	9	10 (may not be applicable)
Enduro's	1	2	3	4	5	6	7	8	9	10 (may not be applicable)
CX events	1	2	3	4	5	6	7	8	9	10 (may not be applicable)
 criteriums	1	2	3	4	5	6	7	8	9	10 (may not be applicable)
Road races	1	2	3	4	5	6	7	8	9	10 (may not be applicable)



AIMS Minor-----Short term goals (fitness goals, skills goals, etc) that you would like to achieve in the next few months

10. AIMS Major-----Your longer term goals (ie next season). These could include: stronger on the bike, better skills/tactics, do longer distance races, compete in nationals, race overseas, etc



12 MEDICAL

Do you have any medical conditions that I should be aware of, such as? (*if you have no medical conditions I should be aware of then write NO and sign in the space provided below*)

ASTHMA_____

DIABETES_____

ABNORMAL BLOOD PRESSURE_____

MUSCULOSKELETAL PROBLEMS_____

HEART PROBLEMS_____

ANY OTHER PROBLEMS_____

Sign_____ **Date**_____ **Answer**_____

(If you are under 18 years old you must have a guardian sign for you).