



KELLY CYCLE
COACHING
ROAD
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

Road: _____

MTB: _____

Track: _____

CX: _____

Time trial: _____



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 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, activities, etc



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

9. Rate your strengths in cycling and from 1 (not very good) to 10 (excellent). Rate yourself compared to your peers.

Skills	1	2	3	4	5	6	7	8	9	10
Tactics	1	2	3	4	5	6	7	8	9	10
Time Trial	1	2	3	4	5	6	7	8	9	10 (may not be applicable)
Climbing	1	2	3	4	5	6	7	8	9	10
Criteriums	1	2	3	4	5	6	7	8	9	10 (may not be applicable)
Road Race (one day)	1	2	3	4	5	6	7	8	9	10 (may not be applicable)
Road Race (Multi stage)	1	2	3	4	5	6	7	8	9	10 (may not be applicable)



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

11. AIMS Major----Your longer term goals (ie next season), stronger on the bike, learn to TT better, more skilled, understand road tactics, do longer distance races, multi stage racing, tours, race overseas, etc



Please list any upcoming events that you plan to compete in during the next 3-4 months. (include challenge events, tours, criteriums, VRS, NRS, state/national champs, etc.)

1/

2/

3/

4/

5/

6/

7/



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).