



***KELLY CYCLE***  
**COACHING**  
**PROGRAM START SHEET**  
**2017**

DATE   /   /

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

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

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_      Height \_\_\_\_\_      Weight \_\_\_\_\_

Emergency contact: \_\_\_\_\_ (Emergency 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

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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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							

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4. Current training regime (7 days)

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

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**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?**

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**7. Other hobbies, sporting activities, activites, etc**

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**8. Current Racing Performances. List any recent results, including T/T & placings (if any)**

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**9. Rate your strengths in Cycling and from 1-10 (rate yourself compared to your peers)**

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

**10. AIMS Minor----Short term goals that you would like to achieve in the next few months**

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**11. AIMS Major----Your long term goals ie: Next season, stronger on the bike, T/T faster time, better technique skills - tactics, to do longer distance races, multi stage racing, tours, Overseas racing etc**

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**Please list any upcoming events that you plan to compete in during the next 6 months or so. (include major events; tours, Criteriums, any overseas events, interstate, TTs etc.)**

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10/

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## 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*)

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

ASTHMA\_\_\_\_\_ DIABETES\_\_\_\_\_ ABNORMAL BLOOD PRESSURE  
MUSCULOSKELETAL PROBLEMS\_\_\_\_\_ HEART PROBLEMS  
ANY OTHER PROBLEMS\_\_\_\_\_

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**Sign**\_\_\_\_\_ **Date**\_\_\_\_\_ **Answer**\_\_\_\_\_