



KELLY CYCLE
COACHING
ROAD
PROGRAM START SHEET

DATE / /

Name: _____

Address: _____

Mobile: _____

Email: _____

DOB ____/____/____

Height _____ Weight _____

Emergency contact: _____

Mobile: _____

Equipment available for training:

Indoor trainer:

Power Cranks/Pedals:

Bikes – please list the bikes you use for training/race events



1. Sporting Background

2. Sleeping habits – note any sleep difficulties

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



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

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



4. Current training regime (Provide km's, duration, and location)

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



5. Work Schedule / Days Off

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6. Family, Friends, Partner - Supportive of your cycling?

7. Other hobbies, other sporting activities and interests



8 Recent Event Performances (if applicable)

9 Provide information on your strengths & weaknesses. 1 (weak) to 10 (excellent).

Bike skills	
Climbing	
Road race – 1 day event	
Road race – multi day event	
Criterium	
MTB / CX event	
Race tactics	
Time Trial	
Other info (if applicable)	



12 Medical – current (historical) medical conditions?

	Yes / No (if yes provide relevant information)
Asthma	
Diabetes	
Abnormal blood pressure	
Musculoskeletal problems	
Heart problems	
Other issues/problems	

Sign _____ **Date** _____