

Bob Williams' Coaching Services
Athlete Questionnaire

Please fill out this form to the best of your ability.

If you have any questions, call me at 503-888-9882 or email me at bob@coachbobwilliams.com.

Return the completed form to me personally, via email, Fax 503-643-1794 or mail to:

PO Box 25601

Portland, Ore 97298

Name _____ Age _____ DOB _____

Address _____ City _____

State _____ Zip _____

Evening Phone _____ Cell _____ Fax _____

Best phone number to reach you : daytime _____ evening _____ cell _____

Email address: _____

Marital Status: Married _____ Single _____ Spouse Name _____

Children: Names and ages _____

Place of Employment: : _____ Hours/week: _____

Student: Grade _____ School: _____

How many years have you been walking _____ running _____ for fitness/competition? _____

Do you compete against your self _____ with others _____ recreation only _____

Comments: _____

My fitness / competition goals are: _____

Competitive Sports/ Recreation participation History:

Grade school/ Junior High: _____

High School spots: Events, times _____

College: events/times: _____

Any track racing in last 2 years? _____

Road Racing: Best times: 5K _____ 10K _____ 15 K _____ 1/2 Mara _____

Marathon: _____ Most recent race, date _____

My preferred racing distances are : _____

Short Term Goal 3 months: _____

6 Months: _____

1 Year: _____

Health History:

Please list any health risks, family history that may affect your training and racing. Please include appropriate to training medications you are currently taking. _____

Please describe any training problems you have had this year: _____

Please explain why you are seeking personal coaching: _____

Any additional Comments about your history, goals, etc., that will be helpful to know you better: _____

Please provide me with the last 2 weeks of your training program as accurate as possible: what you did each day, number of minutes or miles, added fitness activity, other recreational/sport activities.

This Week – Dated From: _____ to _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Prior Week – Dated From: _____ to _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Waiver: In consideration of my accepting personalized coaching from Bob Williams, I, the undersigned for myself, my heirs, and assigns, hereby waive and release any and all claims for personal damages that I may have against Bob Williams, his instructors and staff. I have no known health risks. I have been given clearance by my personal physician and I am physically fit and healthy to begin personal coaching instruction.

Signature _____ Date _____