



# Athlete Coaching Application

Gateway Endurance Training, LLC

Please fill out completely, to the best of your knowledge. Send the application and a one time start-up fee of \$50.00 to:

Gateway Endurance Training, LLC  
330 Russell Road  
Waterloo, IA 50701

Your coach will contact you once the application is received to set-up your first consultation.

**All information is held confidential and will not be shared!**

## Personal Information:

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Hours worked weekly \_\_\_\_\_

Marital Status: Single / Married

Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Family Members ( *please include names and ages* )

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## **Athletic Background and Training History:**

1. Current fitness level: Poor / Good / Excellent

2. Sporting interests: Walking / Running / Multisport / Marathons / Cycling

Other: \_\_\_\_\_

3. Have you competed before in your sport? If yes, list events

\_\_\_\_\_

4. Best time in your favorite events! \_\_\_\_\_

5. Any races or competitions coming up that you plan to participate in?

\_\_\_\_\_

6. Goals for your season:

\_\_\_\_\_

7. Please list any weaknesses that you feel are limiting your performance.

\_\_\_\_\_

8. What are your strengths? \_\_\_\_\_

9. Describe a typical week of workouts, time spent training per day, etc.

\_\_\_\_\_

\_\_\_\_\_

10. Time available to train: \_\_\_\_\_

Best time of day to train: \_\_\_\_\_

11. List specific race goals or specific training goals that you would like to focus on.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Coaching Background/Expectations:**

1. Have you worked with a coach before? (*please explain*)

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2. What benefits would you like to gain from working with a coach?

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3. When do you expect to begin your program?

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4. Select a coach: Jeff Smith / Nicole Burdge

5. Please checkmark additional athletic services you would be interested in:

Physical therapy

Chiropractic care

Nutritional counseling

Guest speaking on multisport related topics

Bike fit

Race selections/planning

Massage therapy

Other \_\_\_\_\_

**Medical Information:**

1. Please list name of medical doctor, address, phone number, and date of your last physical.

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2. Please list any medications that you are currently taking and their uses.

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3. Do you have any allergies? If so, please list.

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4. Any medical limitations, past injuries? (*please explain*)

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5. Have you been given a medical release from your physician for strenuous physical activity?

Yes / No

## **Condition of Contract:**

\*\*There is a one-time non-refundable start-up fee of \$50.00. This will go toward your account set-up, training peaks account set-up, review of application, and initial consultation.

Payment in full is expected once training services are selected, a training period determined, waiver signed, and medical clearance given.

All athletes will receive a free water bottle, G.E.T. tee shirt, as well as the benefit of working with training peaks software!