

# LifeSports, Inc. Application for Coaching



**INSTRUCTIONS:** Please completely fill-in the application to the best of your ability. Please use additional paper if necessary. Fax or mail it to Lifesports for processing. Upon receipt, your coach will be in contact with you to arrange for an initial consultation within 48 hours.

**MAIL TO:** LifeSports, Inc. 19840 Graystone Road, White Hall, MD 21161

**FAX TO:** 410-823-5067

## Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: (     ) \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Personal Profile Information

Male  Female      Dob: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Avg. Hours Worked Per Week: \_\_\_\_\_  
Status ( Single  Married) Children: \_\_\_\_\_  
Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Body Fat%: \_\_\_\_\_  
VO2 Max: \_\_\_\_\_ Lactate Threshold: \_\_\_\_\_ Watts At Threshold: \_\_\_\_\_  
Please Describe Your Personality \_\_\_\_\_  
\_\_\_\_\_

## Training Information

Sport you are training for: \_\_\_\_\_ years competing: \_\_\_\_\_  
Describe your experience in this sport: \_\_\_\_\_  
List your strengths: \_\_\_\_\_  
List your weaknesses: \_\_\_\_\_  
List area where you would most like to improve: \_\_\_\_\_  
Describe your training program over the past 6 weeks (use additional paper if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Best time in your sport: \_\_\_\_\_  
Have you been coached before? If so, using what method or program?: \_\_\_\_\_  
List any group workouts you currently participate in.: \_\_\_\_\_  
What should your coach know about you in order to be most effective in coaching you?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What is the terrain and conditions in your area? Hill? Flat? Windy? Describe: \_\_\_\_\_

## Goal Information

What is your key ('a' priority) event(s) (date) and your goal time: \_\_\_\_\_

What events do you anticipate using as preparation for your 'a' priority event?: \_\_\_\_\_

What are your athletic goals 1 year from now? 3 Years from now? 5 Years from now?: \_\_\_\_\_

## Medical Information

Do you have any allergies? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you take any medications that will effect your training? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you have any medical conditions or other injuries that your coach should be aware of when prescribing your training plan? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you had a recent check up from your doctor and have you been given the OK to participate in strenuous endurance training for competition? \_\_\_\_\_

## Coaching Information

You are training for:  Triathlon  Cycling  Running  General Fitness

Name the coach of your choice: \_\_\_\_\_ (leave blank if you'd like a coach assigned to you).

Name the coaching level or package you choose and the fee: \_\_\_\_\_ \$ \_\_\_\_\_ /month

When do you wish to begin your program? \_\_\_\_\_

## Payment & Contract Information

Start Up Fee \_\_\_\_\_ + First Month \_\_\_\_\_ + Last Month \_\_\_\_\_ = Tot. \_\_\_\_\_

**CREDIT CARD:**  Visa  AMEX  Mcard \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Billing Address: (if different from mailing address): \_\_\_\_\_

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

**CHECK:** (U.S. Funds only): \$ \_\_\_\_\_ .00

**MONTHLY PAYMENT:** I authorize Lifesports, Inc. to bill my credit card in the amount of \$ \_\_\_\_\_ .00 per month for coaching services during the term of my contract.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ CAREFULLY AND INITIAL IN THE SPACE PROVIDED.**

I agree to pay by the 10th of each month. I understand that my Initial payment is non-refundable and shall include an initiation fee, first and last month of coaching services. I agree to give at least two weeks notice before canceling my training plan and that for my convenience my contract will automatically renew on a month to month basis unless I give two weeks written notice. I understand that I can extend and change my plan at any time after the initial four months. I understand that I will receive training plans according to the terms of the plan I have purchased. I understand that phone consultations and email correspondence are to be initiated by me and that my call or email will be returned in the order received as soon as possible but may not be that business day. I agree that my contract is the property of TJM, LLC. and Lifesports, Inc. and no payments shall go directly to a Spinervals or Triathlon Academy Coach. I understand that the training philosophy used in designing my training plan is that of Troy Jacobson but may be interpreted in various ways by a Triathlon Academy or Spinervals coach.

**I UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE. (INITIAL) \_\_\_\_\_**

I ACKNOWLEDGE THAT SPORTS TRAINING AND RACING IS AN EXTREME TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND CARRIES WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY AND PROPERTY LOSS. I HEREBY ASSUME THE RISK OF PARTICIPATING IN THE TRAINING AND OTHER ACTIVITIES RECOMMENDED BY TROY JACOBSON MULTISPORT, Lifesports, Inc., , IT'S ASSOCIATES AND EMPLOYEES. I CERTIFY THAT I AM PHYSICALLY FIT, AM SUFFICIENTLY TRAINED FOR PARTICIPATION IN THIS PROGRAM AND HAVE NOT BEEN ADVISED AGAINST PARTICIPATION BY A QUALIFIED HEALTH PROFESSIONAL. I ACKNOWLEDGE THAT MY STATEMENTS ON THIS AWRL ARE TRUE. I ACKNOWLEDGE AND ACCEPT THE RISK ASSOCIATED WITH RIGOROUS PHYSICAL TRAINING. I WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS , LOSSES, OR LIABILITIES OF DEATH, PERSONAL INJURY , PARTIAL OR PERMANENT DISABILITY OF PROPERTY, DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT, OR DAMAGE OF ANY KIND, INCLUDING ECONOMIC LOSS, WHICH MAY IN THE FUTURE ARISE OUT OF OR RELATE TO MY PARTICIPATION IN THIS TRAINING PROGRAM. I AGREE NOT TO SUE ANY OF THE PERSONS, ASSOCIATES, COMPANIES OR ENTITIES ASSOCIATED WITH TROY JACOBSON MULTISPORT, LLC. I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THE DOCUMENT AND I UNDERSTAND ITS CONTENTS WITHOUT ANY QUESTION WHATSOEVER.

**SIGNED \_\_\_\_\_ DATE \_\_\_\_\_**