



## **DON'T LIMIT YOUR CHALLENGES, CHALLENGE YOUR LIMITS!**

Hire a triathlon coach to help achieve your goals.

### **STACY RUSH LEVEL 1 USAT TRIATHLON COACH**

Looking to get serious with your triathlon training? In this one on one triathlon training, Stacy Rush will get you ready for your event.

Individualized programming available in 3, 6 or 9 month programs.

# PROGRAM INCLUDES:

- Swim, bike and run analysis.
- Individualized programming based on objective testing.
- Personalized daily scheduled workouts.
- Training Peaks App access (includes linking devices to programs with triathlon coach access and feedback)
- 1 x week one on one meetings in person.
- Unlimited email contact with coach.
- Weekly access to group workouts.
- A great support system!

**3 MONTH**

**\$299/month**

**6 MONTH**

**\$289/month**

**9 MONTH**

**\$279/month**

## GROUP WORKOUT SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:30pm-7:30pm	9:45am-10:45am	6:30pm-7:30pm	9:45am-10:45am		7:15am-8:15am
Bike	Swim	Run/Strength	Swim		Swim
RPM Studio	Outdoor Pool	Upstairs Track	Outdoor Pool		Outdoor Pool



*To get started or for more information, please email Stacy Rush.  
stacyrush@my-cbrc.com*

***Please fill out attached Athlete History Questionnaire and email it to  
Stacy Rush prior to participation.***



## Triathlon Training Program

This agreement is made today between Columbia Basin Racquet Club and

\_\_\_\_\_.

The Triathlon Training Program entails the following:

- Swim, bike and run analysis.
- Individualized programming based on objective testing.
- Personalized daily scheduled workouts.
- Training Peaks App access (includes linking devices to program with triathlon coach access and feedback).
- 1 x week one on one meetings in person.
- Unlimited email contact with coach.
- Weekly access to group workouts.
- A great support system!

### **Scheduling:**

Scheduling of all appointments will be done through Stacy Rush.

### **Payments and Refunds:**

\_\_\_\_\_ 3 Month \$299/month

\_\_\_\_\_ 6 Month \$289/month

\_\_\_\_\_ 9 Month \$279/month

The client understands that the regular cost of the program is \_\_\_\_\_ per month for all \_\_\_\_\_ months. Payments are deducted using EFT transaction. IN THE EVENT OF THE CLIENT'S WITHDRAWAL OR ABSENCE, FOR ANY REASON WHATSOEVER, THE CLIENT WILL REMAIN RESPONSIBLE FOR THE UNPAID BALANCE OF THE PROGRAM.

\_\_\_\_\_(initials).

Columbia Basin Racquet Club reserves the right to cancel the program if at any point we feel it is not advantageous for the program to continue. If this happens, the client is only responsible for the share of services received.

**Program Begins:** \_\_\_\_\_

**Program Ends:** \_\_\_\_\_

I UNDERSTAND THAT I MAY CANCEL THIS CONTRACT WITHOUT PENALTY OR OBLIGATION WITHIN THREE (3) BUSINESS DAYS FROM THE DATE OF SIGNING BY GIVING NOTICE BY MAIL OR IN PERSON AT COLUMBIA BASIN RACQUET CLUB IN WHICH CASE I WILL BE ENTITLED TO A FULL REFUND. \_\_\_\_\_ (initial)

ASSUMPTION OF RISK: I, \_\_\_\_\_, assume any responsibility of and/all personal injury/damage which may be attributed to a program of physical exercise. I accept responsibility for requesting exercise assistance at Columbia Basin Racquet Club. To my knowledge, I do not have any limiting physical condition or disability which would interfere with an exercise program. I have been informed of the need for a physician’s approval before participating in any exercise program. I am aware of the effect that taking any drugs or medications; including, but not limited to, alcohol, diet pills, cold medicine, tranquilizers, antidepressants, caffeine, beta blockers, diuretics, and anti-hypertensives, may have on exercise, especially heart rate, and I have discussed this with my doctor.

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Athlete History Questionnaire

Name:

Street Address:

City:

State:

Zip:

Phone:

E-mail Address:

What are the best times to reach you?

Date of Birth:

Age:

Gender:

Height:

Weight:

Other Personal Information:

Occupation:

Married ? :

Children ? :

How did you hear about these coaching services:

## Medical History Evaluation

Physician Name:

Physician Contact Number:

Emergency Contact Name:

Emergency Contact Number:

Relationship:

### Medical History

Please list any medications taken on a regular basis, frequency, dosage and reason (prescription and nonprescription):

### Allergies

Are you allergic to any medications?

If yes, please explain:

**Past and Current Medical History**

Please list any current illness, recent injuries, recent surgeries or past medical problems or surgeries of note.

Do you have, or have you had any of the following?

Heart Disease:

Asthma:

Heart Attack:

Wheezing:

Heart Surgery:

Diabetes:

Heart Murmur:

Epilepsy:

Hypertension:

Anemia:

Thyroid Problems:

Stress Fracture:

If female, is there any chance you could be pregnant?

Any special medical needs or information the coach should be aware of?

**Current Fitness Level Information**

1. What is your waking pulse?

bpm

1a. Is this high or low for you?

High

Low

Do Not Know

2. Circle what you feel is your current fitness level compared to your highest fitness level in the past five years. (1=high, 5=low)

1

2

3

4

5

3. Describe your current training week. If you keep a training log, include a copy of last week.

4. Is this more less the same as a normal training week for you?

5. Describe you longest single workout in the last three weeks:

6. How many hours per week do you spend training now?

7. Please list exactly when and how much time you have available for training?

MON	TUES	WED	THURS	FRI	SAT	SUN
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8. How may days per week do you take off from training?

8a. Ideally, how many days would you like to take off from training?

9. Are you currently recovering from an injury or illness? Explain:

### Physical Activity Readiness

Please explain any "Yes" answers in the space below.

Yes No 1. Has a doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

Yes No 2. Do you have chest pain brought on by physical activity?

Yes No 3. Have you developed chest pain within the last month?

Yes No 4. Do you tend to lose consciousness or fall over as a result of dizziness?

Yes No 5. Do you have bone or joint problem that could be aggravated by the proposed physical activity?

Yes No 6. Has a doctor ever recommended medication for high blood pressure or a heart condition?

Yes No 7. Are you aware, through your own experience or a doctor's advice, of any other physical reasons against your exercising without medical supervision?

Explain:

Yes No 1. Do you have any metabolic diseases, controlled or uncontrolled, such as diabetes, hyperthyroidism, hypothyroidism, etc.?

Yes No 2. Do you, or have you ever, smoked regularly?

Yes No 3. Do you take any drugs or medications?

Yes No 4. Are you, or have you been, recently pregnant?

Yes No 5. Do you have high cholesterol?

Yes No 6. Have you had any surgery in the past year?

Yes No 7. Have you ever had an injury that caused you to stop exercising for more than one week?

Yes No 8. Are you, or have you ever been, anorexic or bulimic?

Yes No 9. Are there any other physical or emotional problems that may affect your training?

Explain:

### **Racing and Performance Goals**

List below all of the events you plan on possibly competing in this year. We understand this schedule is subject to change (in fact, we may suggest you change it). Please notify us if this schedule does change.

**HIGH PRIORITY EVENTS** These are the most important events of the racing season to you. There should be only a few of these because we will design your training schedule to taper and peak for them.

**Date:**                      **Event:**                      **Distance:**

**Goal Time/Pace:**

**Date:**                      **Event:**                      **Distance:**

**Goal Time/Pace:**



**MEDIUM PRIORITY EVENTS** These are events you want to do well in but are not the focus of your season. We may rest for these events, but usually they will be thought of as race pace “workouts” to sharpen up for the high-priority events.

**Date:**                      **Event:**                      **Distance:**  
**Goal Time/Pace:**  
**Date:**                      **Event:**                      **Distance:**  
**Goal Time/Pace:**

**LOW PRIORITY EVENTS** These are the events of least importance to you. They are “fillers” to your season, and you will most likely compete for fun and a good workout. Do not include too many of these events, however, as they might detract from the focus of your season.

**Date:**                      **Event:**                      **Distance:**  
**Goal Time/Pace:**

**EQUIPMENT AND OTHER INFORMATION**

1. Do you own a heart rate monitor?
  - 1a. If so, what brand and model?
2. What other equipment do you have or have access to?
3. At the end of the month, how will you judge if your training program is working?
4. At the end of this season, how will you judge if this training program was successful?
5. Be honest, why do you train and compete in endurance sports?

