

**INDIVIDUAL PROFILE ASSESSMENT**

NAME:

OCCUPATION:

ADDRESS:

PHONE / MOBILE/ FAX / E.MAIL:

D.O.B.:

WEIGHT:

HEIGHT:

RESTING HEART RATE:

DATE:

MAX HEART RATE:

DATE:

SPORT – ACTIVITIES .....

LEVEL OF PERFORMANCES:

NUMBER OF YEARS IN ACTIVITY:

AIMS & OBJECTIVES FOR THIS COMING SEASON:

EVALUATION OF LAST SEASON. LIST STRENGTHS & WEAKNESSES:

LAST SEASONS P.B'S , DATES, SPLITS , DISTANCES, TIMES:

NUMBER OF HOURS PER WEEK: MINIMUM -

MAXIMUM –

**DAYS & TIMES FOR THESE TRAINING HOURS:**

Existing programme - if appropriate:

**DAY**    **Type of workout ( S-B-R )**    **How long**    **Intensity / how hard.**

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Which is the best day for you to take as a Rest Day - off training?

**CLUB MEMBERSHIP:**

**FACILITIES AVAILABLE TO SWIM, BIKE, RUN, WEIGHTS:**

**EQUIPMENT AVAILABLE TO TRAIN:**

**HEART RATE MONITOR etc:**

**ANY ADDITIONAL INFORMATION, COMMENTS etc YOU MAY WISH TO MAKE  
ie PREVIOUS INJURIES, ILLNESSES OR ANY INDIVIDUAL CIRCUMSTANCES  
WHICH NEED TO BE CONSIDERED FOR YOUR PROGRAMME?**

**THANK YOU – Bill Black**