

‘Train to Race’

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[www.fluidmovements.com](http://www.triathlon-training.net)

|  |  |  |
| --- | --- | --- |
| NAME: | | |
| STREET ADDRESS: | | |
| SUBURB/CITY: | STATE: | |
| POSTCODE: | COUNTRY: | |
| PHONE (H): | PHONE (W): |
| MOBILE: | BIRTHDAY (d/m/y): | |
| OCCUPATION : | ORGANIZATION : | |
| E-MAIL: (1) | | |
| TRAINING PROGRAM FOR WHICH EVENT(S): Beginners Tri Course Sprint Olympic Half IM Ironman | | |
| HOW DID YOU HEAR OF FLUID MOVEMENTS? Please circle:  (1) The Web – specify which site \_\_\_\_\_\_\_\_\_\_\_\_\_ (2) The Freedom Machine  (3) Word of mouth, if so, name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (4) Melb Tri Club  (5) Other. Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**MEDICAL CONDITIONS (if any) WE SHOULD BE AWARE OF:**

|  |
| --- |
| Eg, muscular, skeletal, medical, psychological, organic etc |
| 1. |
| 2. |
| 3. |

**TRAINING EXPERIENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Triathlon | Swimming | Cycling | Running | Other Sport? Please specify… |
| Years of Competition: |  |  |  |  |  |
| Years of Training: |  |  |  |  |  |

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| --- |
| Training History – Eg. Mileage, Training Level, Other Sports, Any relevant information |
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|  |
|  |
| Typical Long run duration when training (aerobic conditioning intensity) |
|  |
| Typical Long ride duration when training (aerobic conditioning intensity) |
|  |
| Typical Long ride duration when training (aerobic conditioning intensity) |
|  |
|  |

**Best Individual Event Performances (If any)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Swim | 50m | 200m | 500m | 1k | 1.5k | 2k | 3.8k |
| Time: |  |  |  |  |  |  |  |
| Cycle | 1k | 3k | 10k | 20k | 40k | 90k | 180k |
| Time: |  |  |  |  |  |  |  |
| Run | 400m | 1k | 3k | 5k | 10k | ½ Marathon | Marathon |
| Time: |  |  |  |  |  |  |  |

**Goals for the Coming Season**

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| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**Longer Term Goals**

|  |
| --- |
| 1 |
| 2. |
| 3. |

**TRAINING (Hours per Week). Indicate what is normally possible.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Time | Mon | Tue | Wed | Thurs | Fri | Sat | Sun | Total |
| Am |  |  |  |  |  |  |  |  |
| Midday |  |  |  |  |  |  |  |  |
| Pm |  |  |  |  |  |  |  |  |