

JVAP ATHLETE QUESTIONNAIRE

Full name: _____

Birthdate: _____ Gender: _____

Phone number: _____ Email: _____

Full address: _____

Country of residence: _____

Prior experience and accomplishments in the sport of triathlon:

Prior single sport (swim, bike, run) accomplishments:

Average weekly training volume:

Swim: _____ hours
Bike: _____ hours
Run: _____ hours
Strength/conditioning: _____ hours
Other sports: _____ hours

Rate the following areas from 1 to 3, with 1 being your strongest and 3 being your weakest:

Swim: _____
Bike: _____
Run: _____

Do you currently train with heart rate: Y N

Do you currently train with power: Y N

Please rate your skill level on the following bike-specific skills:

SKILL	Mastery	Above Average	Average	Poor
Pack cycling at speed				
Cornering at speed				
Descending				
Climbing				
Flying mount				
Dismount				
Race strategy				

Please rate your skill level on the following swim-specific skills:

SKILL	Mastery	Above Average	Average	Poor
Dive starts				
Beach (run in) starts				
Flip turns				
Streamlines				
Forward sighting				
Drafting				
Race strategy				

Tell us a little about your recovery routines (stretching, rolling, cryotherapy, sleep, etc.):

Do you every see a sports chiropractor: Y N

Do you ever get sports massage: Y N

Injury history (past/current, traumatic and overuse):

Goals for the coming triathlon season:

Long-term goals for triathlon:

Goals for completing the JVAP with Playtri:

Tell us a little bit about yourself – hobbies, favorite school subjects, etc.:
