

Athlete Medical Application

Triathlon Training Online

Please fill out completely, to the best of your knowledge. Save/Scan and email the application to admin@triathlontrainingonline.com or send the application to:

Triathlon Training Online
12634 Magic Springs Way
Bristow, VA 20136

All information is held confidential and will not be shared!

General Info

Name: _____ Date of Birth: ____ / ____ / ____
Street Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: (____) _____

Emergency Contact Information

Emergency Contact: _____ Relationship: _____
Home Phone: (____) _____ Other Phone: (____) _____

Personal Physician and Insurance Information

Physician Name: _____ Company: _____ Phone Number: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Insurance Company: _____ Phone Number: (____) _____
Policy Holder's Name _____ Policy Number _____

Medical History

Date of Last medical physical exam: _____ Last physical fitness test: _____

Please list any medications taken on a regular basis (prescription and nonprescription):

Medication	Dose	Frequency	Reason

Please Circle any of the following for which you have been diagnosed or treated by a physician or health

professional: (Explain below)

Alcoholism	Diabetes	Kidney Problems
Anemia, Sickle Cell	Emphysema	Mental Illness
Anemia, Other	Epilepsy	Neck Strain
Asthma	Eye Problems	Obesity
Addiction	Eating Disorder	Depression
Back Strain	Gout	Phlebitis
Bleeding Trait	Hearing Loss	Rheumatoid Arthritis
Bronchitis, chronic	Heart Problems	Sciatica
Cancer	High Blood Pressure	Stroke
Cirrhosis, liver	Hypoglycemia	Thyroid Problems
Concussion	Hyperglycemia	Ulcer
Congenital Defect	Infectious Mononucleosis	Other

Has anyone in your immediate family been diagnosed with any of the above conditions? If so, who and what condition?

Medical History (cont.)

Have you ever had back problems, or any problems associated with any joints (i.e. knee, shoulder)?

Y N If Yes, Describe: _____

Do you have any other medical conditions or health problems which may affect your exercise plan or safety in any way?

Y N If Yes, Describe: _____

Are you taking hormone replacement therapy (HRT)? Y N

Are you using any hormonal therapy? Y N

Are you taking any medication that may prevent bone loss? Y N

Are you currently experiencing any menopausal symptoms? Y N

Is your physician aware of your menopausal status? Y N

Have you had a bone density test? Y N

If Yes, what were the results?

Allergies

Are you allergic to any medications or other substances? Y N (If Yes, please give details) ALERGIC TO: REACTION:

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE AN ATHLETE BEGINS PARTICIPATION IN A TRIATHLON TRAINING ONLINE PROGRAM.

I, _____, fully understand that endurance sports (i.e.: triathlon, cycling, running, swimming, etc.) are an extreme test of a person’s physical and mental limits and carry with them the potential for death, serious injury, and property loss. I will be engaging in such activities through group and private training sessions and/or following a workout plan through Triathlon Training Online that involve risks of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but action, inaction or negligence of others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time. I assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. I hereby release, discharge, covenants to indemnify and not to sue Triathlon Training Online or a facility that is being used by Triathlon Training Online, or either of their agents, including the owners and leasers of premises used to conduct the activities, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the participant as a result of the participant’s participation in the activities and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. I also understand that I must take many safety precautions while training and/or participating in an endurance event (i.e.: wearing a helmet, wearing protective clothing, wearing sunscreen, wearing a hat, wearing sunglasses, carrying lights when dark, knowing the course, having good shoes, etc.). Furthermore, I enter the water (whether pool, river, lake, ocean, etc.) on my own will and fully understand and assume all risks that are inherent in swimming activities such as drowning, cuts, or related injuries and/or tragedies. I hereby give my consent to have an agent of Triathlon Training Online and/or doctor of medicine or dentistry or associated personnel to provide me with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I also grant permission for use of my name and/or likeness relating to my participation in an Triathlon Training Online program, and I waive all right to any future compensation for which I may otherwise be entitled as a result of the use of my name or likeness. I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from Triathlon Training will cause the participant to be removed from the program.

I hereby affirm that I am eighteen (18) years of age or older, I have read this document, and I understand its contents.

Participant Name: _____ Participant Signature _____
Date _____

For persons under the age of 18 years of age, a parent or legal guardian must sign the above consent form/AWRL and complete the following section.

The undersigned _____ (parent/guardian) the parent and natural guardian of _____ (minor's name) hereby acknowledge that has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in execution of the foregoing AWRL or in the execution of this consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ('Medical Provider') to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event organized by Triathlon Training Online. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and of behalf of my self and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. Note: Parent/Guardian must also sign AWRL above.

Parent/Guardian Signature: _____ Relationship to Minor: _____
Date _____