ATHLETE QUESTIONNAIRE

**Personal**

|  |  |
| --- | --- |
| Surname (as mentioned in the passport):       | First Name(s):       |
|  |  |  |  |
| Gender: [ ]  Female [ ]  Male | Nationality:       |
|  |  |  |  |  |  |
| Date of Birth:       | Place of Birth:       |
|  |  |  |  |
| Languages Spoken:       |

**Home Address**

|  |  |
| --- | --- |
| Street:       | Province:       |
|  |  |  |  |
| Postcode:       | Country:       |
|  |  |  |  |
| City:       |  |  |

**Phone Numbers**

|  |  |
| --- | --- |
| Home:       | Email:       |
|  |  |  |  |
| Mobile:       |  |  |
|  |  |  |  |
| **Emergency Contact:** Relationship and Name:       |
|  |  |  |  |
| Email:       | Phone No:       |

**Passport**

|  |
| --- |
| **Important: Please send us a copy of your passport!** |
|  |  |  |  |
| Passport Number:       |  |  |
|  |  |  |  |
| Date of Issue:       | Valid Until:       |
|  |  |  |  |
| Is a VISA required to enter the Schengen States? [ ]  Yes [ ]  No  |

**Dietary Requirements / Known Allergies**

|  |
| --- |
|       |

**Medical Information – CONFIDENTIAL**

|  |
| --- |
| All information will be treated confidentially. This information is necessary to ensure the athletes health.  |
|  |  |
| Surname:       | First Name:       |
|  |  |
| Name of your doctor:        | Email:       |
|  |  |
| Current Injures:       |
|  |  |
| Illness:       |
|  |  |
| Current Treatment:       |
| What medication do you take now?       |
| Do you have any MAJOR Past injuries/Operations/Accidents?       |
| Please note all medical information that would be helpful?       |

**Sporting Details**

|  |  |
| --- | --- |
| National Federation:       | Team or Club:       |
|  |  |  |  |  |
| Discipline:       |  |  |
|  |  |  |  |  |
| **Federation’s technical supervisor or National Coach:** |
| Please indicate surname, first name, complete address, phone and email: |
|       |

**Results**

|  |  |  |
| --- | --- | --- |
| **2019** |  |  |
| **International Event** | **Result** | **Discipline** |
|       |       |       |
|  |  |  |
|       |       |       |
|  |  |  |
|       |       |       |
|  |  |  |
|       |       |       |
|  |  |  |
|  |  |  |
| **National Event** | **Result** | **Discipline** |
|       |       |       |
|  |  |  |
|       |       |       |
|  |  |  |
|       |       |       |
|  |  |  |
|       |       |       |

**Objectives**

**2020**

**2021**

**Motivation Questions**

1. **Please write a short paragraph outlining your motivation explaining WHY you would like to come train with us at the World Cycling Centre?**

**Place and Date:** **Signature:**