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:**