

Upstate Warriors Application

Name _____

Address _____

City State Zip _____

Phone cell _____ home or work _____

Email _____

Date of Birth _____

Training plan (which would be of interest)

____ Sprint Triathlon (June, August)

____ Olympic Triathlon (Sept)

____ Half Ironman (June, September)

____ Saratoga Lions Duathlon (May)

____ Mohawk Towpath Duathlon (Oct)

____ 5K (June, September)

____ 10K (TBD)

Experience level: (place x and comments in column that applies)

	No experience	Some experience (couple of races)	Done races but want to learn more	Veteran looking to improve	NA
Swim					
Bike					
Run					

Experience level: (place x and comments in column that applies)

	No experience	Some experience with classes	Doing now but want to learn more	Veteran looking to improve	NA
Strength					
Mental Training					
Nutrition					

Preferred days for clinics/workouts (note am/pm)

	M	T	W	Th	F	Sat	Sun
Clinics							
Workouts							
Social							

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Goals for 2016 - think SMART (specific, measurable, achievable, relevant and time bound)

Why are you interested in the team (this will help us tailor it to you!)

What motivates you?

Past experience in events (and times if you know them)

run _____

bike _____

swim _____

triathlon _____

Limitations (think time, sport, mindset)

Emergency contact information:

Name: _____

Phone: _____

Email: _____

Relationship: _____

*Waivers will be signed upon joining, payment will be made monthly - 4 month minimum