REGISTRATION FOR Coaching by Andy Liebner

APPLICANT INF	ORMATION												
Last Name				First	First					M.I.	Date		
Street Address										Apartment/Unit #			
City				State	State					ZIP			
Phone				E-ma	E-mail Address								
Alt Phone													
Interested in:													
Ski Coaching Specific	:	YES	s 🗆	NO 🗌									
Run Coaching Specific YES NC				NO 🗌									
Other such as diet and strength YES NO				NO 🗌	O If yes, explain								
COMPETITIVE HISTORY AND RESULTS													
Team competed for:													
From	То	Did you enjoy	it?	YES 🗌	NO [
Best Result:													
Distance:	Time:	Could you hav	re .	YES 🗌	NO []							
Favorite Race:		done better?		Address									
Distance:	Time:	Want to do it	again?	YES 🗌	NO []	When?						
MILITARY SERV	ICE												
Branch								Fron	n	То			
Rank at Discharge													
MEDICAL ISSUES													
Do you have any known medical disabilities Andy should be aware of? YES \(\square \) NO \(\square \)													
If yes, Please explain:													

Factors to consider:	Fitness, Endurance, Strength, Consistency, Mental Focus, Motivation, Preparation, Other issues (sickness, injury, equipment)
Cools for payt soos	on (things you can control)
Goals for next seaso	on: (things you can control)
- -	
-	
Goals beyond next s	season: (things you can control)
-	
Plan to achieve then	m/ what I will do to achieve them:
-	
-	
Things I may need h	nelp with (by a coach) to achieve my goals:
-	
-	
Other issues of	f discussion:
•	
-	
(Please write as mu What worked well (p	ich info as possible next to each bullet point)
0	Summer-
0	Fall-
	Winter-
0	WING!-
What didn't work we	ell (past season(s)):
0	Summer-
0	Fall-
0	Winter-
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SEASON REFLECTIONS AND GOAL SETTING:

What I would like to improve on: Summer-

ADDITIONAL INFORMATION	
DISCLAIMER AND SIGNATURE	
I certify that the facts contained in this registration application are true and complete to the best of my knowledge. In consideration of being allowed to participate in any exercise plan released by Andy Liebner and such, related events and activities, the undersigned acknowledges, appreciates, an agrees that:	
 There is risk of injury from the activities involved in this program; even potential for permanent injuries and/or death, and while particular ru equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Andy Liebner, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES" WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. 	nt
Signature Date	
Mail \$365 payment to:	
Andy Liebner 4474 Longpoint Dr. Cheboygan, MI 49721	

o Fall-

Winter