# RegistrATION fOR

**Coaching by Andy Liebner**

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| Applicant Information | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | First |  | | | | M.I. | | Date | |  | |
| Street Address | | |  | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | State |  | | | | ZIP |  | | | | |
| Phone |  | | | | | | | E-mail Address | |  | | | | | | | | |
| Alt Phone | |  | | | |  | | |  | | |  | | |  | | | |
|  | | | | Interested in: | | | | | | | | | | | | | | |
| Ski Coaching Specific | | | | | YES | | NO | |  | | | | | | |  | |  |
| Run Coaching Specific | | | | | YES | | NO | |  | |  | | | | | | | |
| Other… such as diet and strength | | | | | YES | | NO | | If yes, explain | |  | | | | | | | |

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| competitive history and Results | | | | | | | | | | |
| Team competed for: | |  | | | | |  |  | | |
| From |  | | To |  | | Did you enjoy it? | YES | NO |  |  |
| Best Result: |  | | | | | |  |  | | |
| Distance: |  | | Time: | |  | Could you have done better? | YES | NO |  |  |
| Favorite Race: |  | | | | | | Address |  | | |
| Distance: |  | | Time: | |  | Want to do it again? | YES | NO | When? |  |

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| Medical issues | | | |
| Do you have any known medical disabilities Andy should be aware of? | YES | NO |  |

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| Military Service | | | | | | | |
| Branch |  | | From |  | To |  | |
| Rank at Discharge | |  |  | | | |  |

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| If yes, Please explain: |  |  |

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| Season reflections and Goal setting: | | |
| Factors to consider: | Fitness, Endurance, Strength, Consistency, Mental Focus, Motivation, Preparation, Other issues (sickness, injury, equipment) |  |

Goals for next season: *(things you can control)*

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Goals beyond next season: *(things you can control)*

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Plan to achieve them/ what I will do to achieve them:

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Things I may need help with (by a coach) to achieve my goals:

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Other issues of discussion:



*(Please write as much info as possible next to each bullet point)*

What worked well (past season(s)):

* + Summer-

* + Fall-
  + Winter-

What didn’t work well (past season(s)):

* + Summer-
  + Fall-
  + Winter-

What I would like to improve on:

* Summer-
* Fall-
* Winter

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| Additional Information |
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| 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, and agrees that:   1. There is risk of injury from the activities involved in this program; even potential for permanent injuries and/or death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. 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, 3. 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, 4. 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. | | | |
| Signature |  | Date |  |
| Mail $365 payment to:  Andy Liebner 4474 Longpoint Dr.  Cheboygan, MI 49721 |  |  |  |