

## Application

### Contact Details

Name : \_\_\_\_\_

First name : \_\_\_\_\_

Nationality : \_\_\_\_\_

Date of birthday : \_\_\_\_\_ Place : \_\_\_\_\_

Adress : \_\_\_\_\_

Phone number : \_\_\_\_\_ Mail : \_\_\_\_\_

Social Network : \_\_\_\_\_

\_\_\_\_\_

### Physiological and training informations

Size : \_\_\_\_\_ Weight : \_\_\_\_\_ Shoes size : \_\_\_\_\_

Do you have coach ? If yes since when ?

\_\_\_\_\_

Coach name and contact details :

\_\_\_\_\_

### Datas :

Annual mileage of the last season : \_\_\_\_\_

Number of racing days in the last season : \_\_\_\_\_

**Laboratory test (join the last test) :**

VO2max (in ml/mn/kg) and PMA (in watts) : \_\_\_\_\_

Anaerobic threshold (in Watts) : \_\_\_\_\_

**Power profil (join file) :**

CP1" : \_\_\_\_\_

CP5' : \_\_\_\_\_

CP20' : \_\_\_\_\_

CP60' : \_\_\_\_\_

FTP : \_\_\_\_\_

CP : \_\_\_\_\_

**Medical information**

Have you ever had an echocardiogram ? If yes, date ? Did she notice any anomalies ?

\_\_\_\_\_

Have you any injuries or diseases ? Do you have hereditary risk history in your family ?

\_\_\_\_\_

Do you follow a specific diet ? Have you ever had eating disorders ? \_\_\_\_\_

\_\_\_\_\_

During the season, are you opposed to the sharing of medical data concerning yourself between team's doctor and staff ? \_\_\_\_\_

\_\_\_\_\_

**Your activity**

Your academic career : \_\_\_\_\_

\_\_\_\_\_

Your sport career : \_\_\_\_\_

\_\_\_\_\_

Do you have academic or professional project at the same time as your high-level cycling practice ?\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your sport project ? Your ambitions and goals ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Why ride ? \_\_\_\_\_

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\_\_\_\_\_

**Sporting success**

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