



USA CYCLING
Coaches Association

USA Cycling Level 2 Coaching Clinics

Name: _____ Last 4 digits SSN: _____

DOB: _____ Day Phone: _____

E-Mail Address: _____

USAC Membership # _____

Please register at least 3 weeks prior to the clinic start date. Each clinic has a minimum number of participants required and if that number is not met 3 weeks prior to the clinic, the clinic may need to be re-scheduled.

To attend a Level 2 clinic, the person must have a current USA Cycling coaching license or have the application being processed before applying for the clinic. Clinics are held in the general location of the city listed below.

2007 Level 2 Clinics

Check for the location you would like to attend	Dates	City, State	Location	Housing
	October 26-28 (Reg deadline: Oct 9)	Boston, MA	Harvard University	Not Applicable
	November 2-4 (Reg Deadline: Oct 1)	San Diego, CA	Olympic Training Center	Not available(meals will be provided however)
	November 16-18 (Reg Deadline: Nov 8)	Atlanta, GA	Georgia State University (tentative)	Not Applicable

The cost for the 2007 clinic is \$349. Current level 2 coaches can attend for \$249¹.

Make checks payable to: USA Cycling. VISA and Mastercard are accepted (no American Express or Discover)

Soon you will be able to register online using the MY USACYCLING function at the USAC website.

Credit Card Number _____ -- _____ -- _____ -- _____

Expiration Date _____ Signature _____

Send registration form and fee to:

USA Cycling, Coaching Education Bldg 6

1 Olympic Plaza

Colorado Springs, CO 80909

Fax: 719-866-4764 (credit card payments only)

*Clinic fees do not include cost of a USAC coaching license or annual membership fees.

* Clinic fees are refundable only if the clinic is cancelled. See the website for more information on cancellation/refund policy, www.usacycling.org

*Please email coaches@usacycling.org for Coaching Education information.

¹ Current level 2 coaches who are re-certifying must pay the \$349 fee.

Please take a few minutes to complete the information below to assist the clinic instructors in preparing for the seminar.



Name _____ Age (at time of clinic): _____

How many years have you been coaching cyclists? _____

Please indicate the number of clients in each category.

Road: _____ Cat V _____ Cat IV _____ Cat III _____ Cat II _____ Cat I _____ Semi-Pro _____ Pro
Track: _____ Cat V _____ Cat IV _____ Cat III _____ Cat II _____ Cat I _____ Semi-Pro _____ Pro
NORBA: _____ Beginner _____ Sport _____ Expert _____ Semi Pro _____ Pro

Do you coach athletes in other sports? _____ Yes _____ No

If Yes, what sports? _____ Triathletes _____ Runners _____ Adventure Racers _____ Others (list)

Are you a personal trainer? _____ Yes _____ No

What other certifications or sports related certifications do you hold?

_____ ACSM HF/I _____ ACSM Exercise Leader _____ NSCA CSCS _____ NSCA Personal Trainer
_____ ACE Personal Trainer _____ IDEA

What, if any, college degrees do you hold? Please list all including the majors and minors?

What, if any, formal education do you have in sport science? (Include specific college classes you have taken).

Describe your racing background/experience and current racing status.

What do you hope to gain from the seminar?

What topics do you suggest for future coaching seminars?