

TRIATHLETE'S TRACKING SHEET

NAME : _____

START DATE: / /

PHYSICAL ABILITIES				
	Swimming	Cycling	Running	Transition
1 <input type="checkbox"/>	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological
	<input type="checkbox"/> Swimming 1	<input type="checkbox"/> Cycling 1	<input type="checkbox"/> Running 1	<input type="checkbox"/> Transition 1
2 <input type="checkbox"/>	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological
	<input type="checkbox"/> Swimming 2	<input type="checkbox"/> Cycling 2	<input type="checkbox"/> Running 2	<input type="checkbox"/> Transition 2
3 <input type="checkbox"/>	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological
	<input type="checkbox"/> Swimming 3	<input type="checkbox"/> Cycling 3	<input type="checkbox"/> Running 3	<input type="checkbox"/> Transition 3
4 <input type="checkbox"/>	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological
	<input type="checkbox"/> Swimming 4	<input type="checkbox"/> Cycling 4	<input type="checkbox"/> Running 4	<input type="checkbox"/> Transition 4
5 <input type="checkbox"/>	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological
	<input type="checkbox"/> Swimming 5	<input type="checkbox"/> Cycling 5	<input type="checkbox"/> Running 5	<input type="checkbox"/> Transition 5
6 <input type="checkbox"/>	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological
	<input type="checkbox"/> Swimming 6	<input type="checkbox"/> Cycling 6	<input type="checkbox"/> Running 6	<input type="checkbox"/> Transition 6
7 <input type="checkbox"/>	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological
	<input type="checkbox"/> Swimming 7	<input type="checkbox"/> Cycling 7	<input type="checkbox"/> Running 7	<input type="checkbox"/> Transition 7

PRE-RACE PREP		
<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological	<input type="checkbox"/> Technical <input type="checkbox"/> Tactical/Safety <input type="checkbox"/> Physiological
<input type="checkbox"/> BRONZE TRIATHLETE ▶	<input type="checkbox"/> SILVER TRIATHLETE ▶	<input type="checkbox"/> GOLD TRIATHLETE

<input type="checkbox"/> RESPONSIBLE TRIATHLETE	<input type="checkbox"/> RESPONSIBLE TRIATHLETE
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