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ATHLETE TRAINING PLAN

ATHLETE INFORMATION

Last name		First name	
Identification level		Discipline	

PRIMARY COACH INFORMATION

Last name		First name	
Certification context		Other	

HORSES' INFORMATION

Horse name		Level	
Horse name		Level	
Horse name		Level	

TRAINING OVERVIEW

Total number of training weeks	
Number of equestrian training periods per week (including training sessions supervised by the primary coach)	
Total number of equestrian training days (nb of days x nb of weeks)	
How many days / training sessions are supervised by your primary coach ?	
What are your objectives and exercices in terms of training ? If relevant, you can indicate your planning for each quarter. (If needed, add extra information on a additionnal sheet)	
Number of non-equestrian training periods per week (including training sessions supervised by a coach)	
How many days / training sessions are supervised by a coach ?	
What are your objectives and exercices in terms of training ? If relevant, you can indicate your planning for each quarter. (If needed, use an extra sheet to add extra information)	

DISCUSS ATHLETE DEVELOPMENT

TECHNICAL / SKILLS

Weighted importance (percentage) %

Légend

Select the weighted importance

1. Optimum 2. High 3. Medium 4. Poor 5. Maintaining

Examples: Evaluating distance and speed - Synchronization and coordination, aids coordination, skills integration, etc.

	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

TACTICAL

Weighted importance (percentage) %

Légend

Select the weighted importance

1. Optimum 2. High 3. Medium 4. Poor 5. Maintaining

	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

PHYSICAL

Weighted importance (percentage) %

Légend

Select the weighted importance

1. Optimum 2. High 3. Medium 4. Poor 5. Maintaining

Aerobic endurance	1	2	3	4	5
Strength / Endurance	1	2	3	4	5
Speed / Endurance	1	2	3	4	5
Functional motor skills (agility, balance, coordination)	1	2	3	4	5
Flexibility / suppleness	1	2	3	4	5

MENTAL

Weighted importance (percentage) %

Légend

Select the weighted importance

1. Optimum 2. High 3. Medium 4. Poor 5. Maintaining

Visualization	1	2	3	4	5
Attitude / ability to be trained	1	2	3	4	5
Focus (keywords)	1	2	3	4	5
Ability to handle pressure / stress	1	2	3	4	5
Goal setting	1	2	3	4	5

RELATED CAPABILITIES

Weighted importance (percentage) %

Légend

Select the weighted importance

1. Optimum 2. High 3. Medium 4. Poor 5. Maintaining

Nutrition	1	2	3	4	5
Do you have a nutrition plan ?				yes	no
If so, was it developed with a nutritionist ?				yes	no
Do you have follow-ups with a sports psychologist or Mental Trainer ?				yes	no
If so, what is his/her name ?					

ADDITIONNAL INFORMATION

HORSE DEVELOPMENT

(If you have more than one horse, please fill out this page for each horse involved with the program)

HORSE NAME

TECHNICAL / SKILLS

Weighted importance (percentage)

%

Légend

Select the weighted importance

1. Optimum 2. High 3. Medium 4. Poor 5. Maintaining

Examples: Evaluating distance and speed - Synchronization and coordination, aids coordination, skills integration, etc.

	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

TACTICAL

Weighted importance (percentage)

%

Légend

Select the weighted importance

1. Optimum 2. High 3. Medium 4. Poor 5. Maintaining

	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

PHYSICAL

Weighted importance (percentage)

%

Légend

Select the weighted importance

1. Optimum 2. High 3. Medium 4. Poor 5. Maintaining

Aerobic endurance	1	2	3	4	5
Strength / Endurance	1	2	3	4	5
Speed / Endurance	1	2	3	4	5
Functional motor skills (agility, balance, coordination)	1	2	3	4	5
Flexibility / suppleness	1	2	3	4	5

ADDITIONNAL INFORMATION

COMPETITION OVERVIEW (based on periodization calendar submitted)

Please fill the list below according to the periodization calendar submitted. If you need more lines, please add another page. Please indicate at which event you are planning to compete and, for each competition, indicate what are your performance goals and the degree of importance.

* Degree of importance: 1 =high, 3 = medium, 5 = low

How many competitions do you plan to compete in this year?

Total number of weeks in competition:

Number of classes per week in competition:

Total number of competition days (according to your preliminary competition schedule)

ADDITIONNAL INFORMATION

RECOVERY OVERVIEW

What is your personal recovery plan ?

What type of recovery do you do ?

How long are your recovery activities ?

Total number of weeks off:

What is your recovery plan for your horse ?

What type of recovery do you do with your horse ?

Total number of weeks your horse will be off:

TRAINING-COMPETITION RATIO

TOTAL

% of program related to competition (Total nb of competition days / Total nb of program days)

%

% of program related to training (Total nb of training days / Total nb of program days)

%

Competition-training ratio

PRIMARY COACH'S SIGNATURE

As the athlete's primary coach, I confirm that:

- the competition schedule and performance objectives have been determined in collaboration with the athlete;
- I'm the athlete's main reference for training in equestrian sports;
- I meet the eligibility requirements for coaches enrolled in the *Programme de soutien au développement de l'excellence*;
- I am in good standing with my provincial federation and Equestrian Canada and I meet the current conditions of my coach's certification;
- I understand that any false declaration, whether intentional or not, will result in the rejection of the athlete's application under my supervision.

Coach Signature

Date

ATHLETE'S SIGNATURE (Parent or guardian for a minor)

As the athlete, I confirm that:

- the competition schedule and performance objectives have been determined in collaboration with my primary coach;
- I meet the eligibility requirements for the *Programme de soutien au développement de l'excellence*;
- I am trained by a coach that meets the eligibility requirements of the program;
- I understand that any false declaration, whether intentional or not, will result in the rejection of my application;

Athlete signature
(parent or guardian for a minor)

Date