

## Team Trinity 5K Training Program

### Consent and Release

I desire to participate in the program. I understand the risks involved in running, walking, or other fitness activities and assume personal responsibility for my health and safety while participating in this program. I also understand and accept the following responsibilities:

#### Coaches Responsibilities:

- To design an individualized training schedule, provide motivation and feedback, technical assistance, racing guidelines, and counseling to each runner based on his/her goals and fitness level.
- To be available by phone and email for consultation.
- To assist you in obtaining diagnosis or treatment if injured. To write a training rehab plan to assist you in maintaining your present fitness level and to return to running as soon as possible.

#### Athletes Responsibilities:

- Keep the coach up to date on how you are responding to the training by maintaining your training log.
- Notify the coach as soon as possible when:
  - It seems you may have an injury or the beginning symptoms of illness.
  - You need to miss or modify a training session or scheduled race.
  - You plan to opt out of the training program for a period of recovery or other activities.

\_\_\_\_\_ X \_\_\_\_\_

Today's Date

Participant's Signature (Parent or guardian if under 18)

Running Questionnaire

Personal Running History

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

(If you know)

% Body Fat: \_\_\_\_\_ Resting Heart Rate (HR): \_\_\_\_\_ Max. HR: \_\_\_\_\_

Medications: \_\_\_\_\_

Current State of Health: \_\_\_\_\_

Are you currently sick or injured? If so, describe: \_\_\_\_\_

\_\_\_\_\_

Health Risks (ie family history, chronic disease, etc.): \_\_\_\_\_

\_\_\_\_\_

Recent Running/Walking Injuries, including date: \_\_\_\_\_

\_\_\_\_\_

How long have you been running/walking? \_\_\_\_\_

Previous exercise or competitive history: \_\_\_\_\_

\_\_\_\_\_

Racing Experience: None \_\_\_\_\_ Beginner \_\_\_\_\_ Experienced \_\_\_\_\_

Current Racing (List races ran in the last 6 months)

| Race  | Distance | Pace or Time | Date of Race |
|-------|----------|--------------|--------------|
| _____ | _____    | _____        | _____        |
| _____ | _____    | _____        | _____        |

Running/Walking Interests

\_\_\_ Fitness and Fun

\_\_\_ Recreational or Social

\_\_\_ Racing for Improved Performance

\_\_\_ Racing for Age Group or Other Awards

List your running and racing goals

| Race  | Distance | Pace or Time | Date of Race |
|-------|----------|--------------|--------------|
| _____ | _____    | _____        | _____        |
| _____ | _____    | _____        | _____        |

What is YOUR most important goal for this program?

\_\_\_ Meet People

\_\_\_ Run/Walk Faster

\_\_\_ Finish a 5K

\_\_\_ Being part of a team

\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

I'm running

for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_