



Boston 365 QUALIFY Marathon Training Program

Boston 365 QUALIFY is a year round training program designed to help you qualify for the 2014 Boston Marathon. Have you always wanted to QUALIFY for Boston? Even if you have flirted with the idea to take your marathon training to the next level, the Fleet Feet Sports Boston 365 Training Program will lay out the ground work to run on this historic Patriot's day.

Requirements: This program is for those who have a realistic chance of reaching the qualifying standards for the 2014 Boston Marathon. *Must pass Fleet Feet Sports Boston Qualify assessment prior to registration.

This program will include:

- Kick off and orientation, Start date: Week of January 21st
- Weekly group long runs
- Two coached weekly workout
- Year of training plans Created by Mark Andrews 2 Time Marathon Olympic Trials Qualifier
- Unlimited access to coaches
- In store clinics and information session by Adidas
- Boston 365 website to interact with other participants nationwide
- Online workout tool to track and record workouts
- 2 qualifying opportunities (race entry & fees not included)
- Adidas training shirt

Benefits of Boston Now 365 Training:

- You will be physically and mentally prepared
- A great group to train with over the wintery months
- VIP race experience by Adidas

FREE Informational meetings will be held at Fleet Feet Sports on:

Thursday, January 3 rd @ Fleet Feet Sports Brighton 6PM
Monday, January 7 th @Fleet Feet Sports Ridgeway 7PM
Thursday, January 23 Fleet Feet Sports Brighton 7PM

For more information visit <http://www.fleetfeetrochester.com/training/boston-365>

To register: in store with cash, check or charge at Fleet Feet Sports

Fee: \$200.00

For Questions please contact Kate: Training@fleetfeetrochester.com

Date Pd _____ Amt _____ Method _____

Health & Exercise Evaluation Form

This form is intended to obtain necessary information about your health that will assist the Fitness Professional in helping you design a program appropriate to your needs. For most people, physical activity should not pose a problem. However, for some individuals physical activity might be inappropriate. Some participants may also need medical clearance and Ellen Brenner may contact you for clarification regarding your answers below. **Please return this form to Fleet Feet Sports Brighton or Ridgeway no later than January 29th. If we do not receive a form, waiver and a form of payment from you, we will assume you have decided not to train with the group. No refunds after January 29th.**

Name _____ Today's Date _____ Birth Date _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Age _____

E-mail: _____

Gender: M F (circle one) Height _____ Weight _____

Circle One: Men's Tech Shirt Size: S M L XL Women's Tech Shirt Size: S M L XL

How did you hear about the program: ___ FF Newsletter ___ FF Website ___ Facebook ___ Friend ___ I participated before
Other _____

EMERGENCY CONTACT INFORMATION (Please list a family member of close friend whom we may contact in case of emergency)

Name _____ Phone(s) _____ Relationship _____

Athletic Background

Most recent race (any distance): Date of Event: _____ Distance: _____ Time: _____

Most recent 1/2 or full Marathon: Date of Event: _____ Distance: _____ Time: _____

Best 1/2 or full Marathon: Date of Event: _____ Distance: _____ Time: _____

Best Performance in last 2 years

Distance	Time	Race	Date
5K	_____	_____	_____

10K	_____	_____	_____
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Best Performance Ever

Time	Race	Date
_____	_____	_____

_____	_____	_____
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Date and Location of Event you are training for:

Date: _____ **Location:** _____ **Event:** _____

Training History over last 6 Months

Average Weekly Mileage _____ **Number of days Running/Week** _____ **Average easy run Pace** _____

Average Long Run Distance _____

Describe any speed workouts you are currently doing (Please be very descriptive)

Date Pd _____ Amt _____ Method _____

GENERAL STATEMENT RE: PHYSICAL EXERCISE & FLEET FEET SPORTS

I understand that my decision to engage in physical exercise with Fleet Feet Sports/Ellen Brenner and David Boutillier and its staff/coaches/pace leaders may include exercises, facilities and/or equipment designed to improve muscular strength and cardiovascular endurance.

Description of Potential Risks associated with Physical Exercise

I understand that the reaction of the heart, lung, and blood vessel system to physical exercise cannot be predicted with accuracy. I understand that there is a risk with certain **abnormal** changes during or following physical activity. These changes may include, but are not limited to abnormal changes in blood pressure, heart rate, ineffective functioning of the heart, and in rare cases a heart attack (cardiac arrest, or possibly death). Use of weight resistive equipment or engaging in heavy body calisthenics can lead to musculoskeletal strains, pain or injury. I understand that a stretching program with a warm up period before and a cool down period after engaging in physical exercise can reduce the risk of pain and injury. Information regarding warm-up, cool down and stretching exercises will be provided to me by an instructor during my scheduled orientation.

Responsibility of Client

I have completed the medical history profile and understand that I must disclose all of my physical and medical conditions, limitations and sensitivities. I understand that Ellen Brenner/David Boutillier reserves the right to request permission from my physician if it is determined I may be at a high risk for injury or medical complications. I understand that it is up to me to request instruction for a particular machine or exercise if I am unsure of its operation or purpose.

Emergency Care

I understand that I must inform the coach immediately if I experience any problems while working with her or under her workout instruction. I understand that Ellen Brenner and David Boutillier or any of coaches/pace leaders are not medical professionals in their suggestions or opinions must not be considered medical advice. Any information imparted to me should be discussed with a health care professional. IN the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

Release of Liability Statement

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction. I understand that I am free to deny answers to specific items or questions during interviews or when filling out questionnaires, and to decline to participate in any recommended activity. The information which is obtained will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed verbal or written consent. I agree that all instruction in use of equipment or exercises shall be undertaken at my own risk and I further agree that I am physically and mentally able to undertake any and all instructions provided. I certify that this program is undertaken at my sole choice and risk.

Name (print) _____

Signature _____ Date _____