

2210 Monroe Avenue, Brighton, NY 14618 (585) 697-3338  
 2522 Ridgeway Avenue, Greece, NY 14626 (585) 270-4334  
 Email: [training@fleetfeetrochester.com](mailto:training@fleetfeetrochester.com)



## Half & Full Marathon Training Program

### 13.1 or 26.2 – We’ll Get You There

The program will be approximately 15 weeks long and helps you prepare for a spring full or half marathon, specifically the Unity Health System Rochester Flower City Half Marathon on April 29<sup>th</sup> or a full marathon of your choice. The program ends April 29<sup>th</sup>.

**Requirements:** A current running base as low as 10-15 miles per week is recommended for the 1/2 program, and 20-25 miles for the full marathon program.

There are 4 versions of the Program:

- **Beginner Half Marathon** – for the person who has never done a half and has a lower base mileage
- **Advanced Half Marathon** – for the person who has completed a half and wants to improve and already has a good running base
- **Beginner Marathon** - for the person who has done a half marathon but not a full marathon
- **Advanced Marathon** - for the person who has done a marathon and wants to improve

**This program will include:**

- Detailed Weekly/Daily training workouts program
- Online Training Tool to record your training and to allow feedback from coaches
- Unlimited Email Access to Coach
- Weekly Training Tips & Support
- A fun social atmosphere to get you to the start line healthy and prepared for race day
- Online Training Group Support via Facebook – this has proven to be motivating and helpful in maintaining your program
- Weekly Coached Tempo Workouts/Clinics on Thursdays at 6PM
  - Locations vary each week (headlamps required)
  - Clinics Include: Nutrition, Injury Prevention, On-site injury assessments and prevention assistance at a variety of scheduled training runs and more....
- Weekly Supported group Long Runs on Saturdays at 8AM with Pace Group Leaders
  - **First Training Paced Long Run – Saturday, January 21st at 8AM at Ridgeway**
- **Kickoff Workout/Orientation – Thursday, January 19th at 6:15PM at Fleet Feet Ridgeway.** Here we will do a baseline workout to gauge what group you should be in. After we will review initial info about the program including, what to expect, Gear, Footwear, Training habits, etc.
- **Special Field Trip Long Runs Workouts on Saturdays!**
- Post-race celebration on Tuesday, May 1<sup>st</sup> (6-8PM) – location TBD
- Coupon booklet of Savings off Gear you’ll need, *plus a Tech Top later in the season.*

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

<b>Thursday, December 29th at 7:15PM at Ridgeway Store</b> <b>Thursday January 5<sup>th</sup> at 7:15PM at Ridgeway Store</b>	<b>Monday, January 2<sup>nd</sup> at 6PM at Brighton Store</b> <b>Monday, January 16<sup>th</sup> at 6PM at Brighton Store</b>
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**Fees:** 13.1/26.2 Training Program: \$140 until January 15<sup>th</sup>, then the fee increases to \$150 until 1/29/12. The program ends April 29<sup>th</sup>. If you need extra weeks, there will be an additional surcharge of \$15/week.

**No Refunds after January 29<sup>th</sup>, 2012**



You can register online via <http://www.fleetfeetrochester.com/training/distance-training>  
 (there is no online surcharge)

OR with cash, check or charge at Fleet Feet Sports



Date Pd \_\_\_\_\_ Rec'd Coupon Book \_\_\_\_\_ Amt \_\_\_\_\_ Method \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

**PHYSICAL THERAPY, CHIROPRACTIC or other alternative medical therapies (Acupuncture, Massage therapy etc.)**

Have any of your injuries required physical therapy or chiropractic attention? Y N  
If yes, give dates:

Are you currently involved in physical therapy, chiropractic or alternative therapies? Y N  
If yes, with whom?

**Have you ever experienced any of the following: (Circle all that apply)**

Anemia	Asthma	Diabetes
Pulmonary Disease	Kidney Disease	Cancer Type/Date
Arthritis	Fainting spells	Back/leg pain
Poor Vision	Swelling of hands/feet	Poor Hearing
Knee Pain	Shoulder Pain	Ankle Pain
Osteoporosis	Fibromyalgia	Thyroid Problems
Epilepsy	Diabetes	Stress Fracture

**OTHER**

Is there any other medical reason not mentioned here that would limit your ability to engage in physical activity? Y N  
If yes, please describe:

**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	Best Performance Ever	Time	Race	Date
5K	_____	_____	_____	_____	_____	_____	_____
10K	_____	_____	_____	_____	_____	_____	_____

**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 \_\_\_\_\_ Rec'd Coupon Book \_\_\_\_\_ 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 \_\_\_\_\_