

2210 Monroe Avenue, Brighton, NY 14618 (585) 697-3338
2522 Ridgeway Avenue, Greece, NY 14626 (585) 270-4334
Email: 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 fall full or half marathon, specifically the Unity Health System Rochester Flower City Half Marathon.

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 26th at 8AM at Ridgeway**
- **Kickoff Workout/Orientation – Thursday, January 24th at 6PM 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 (6-8PM) – date and 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:

Thursday, January 3rd 6PM at the Brighton Store
Monday, January 7th at 7PM at the Ridgeway Store
Wednesday, January 23rd at 7PM and the Brighton Store

Fees: 13.1/26.2 Training Program: \$150 until January 20th then the fee increases to \$165 starting January 21st.
The program ends April 28rd. If you need extra weeks, there will be an additional surcharge of \$15/week.

No Refunds after February 1st, 2013

**Online Registration
Recommended**

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 _____

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: Mens Tech Shirt Size: S M L XL Womens Tech Shirt Size: S M L XL

How did you hear about the program: ___ FF Newsletter ___ FF Website ___ Facebook ___ Friend ___ I participated before
_____ No Bo 10K Graduate

I want to enroll in the following program: (circle one)

Beginner ½ Marathon Advanced ½ Marathon Beginner Marathon Advanced Marathon

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

Name _____ Phone(s) _____ Relationship _____

BLOOD PRESSURE

Do you have high blood pressure? Y N
Have you ever had high blood pressure in the past? Y N
Are you currently on medication for high blood pressure? Y N

HEART AND CIRCULATORY PROBLEMS

Have any of your blood relatives had heart or circulatory disease, heart surgery or angina? Y N

If yes, please give details:

Have you ever been told by a doctor that you have heart problems, circulatory problems, high cholesterol or triglycerides? Y N

If yes please indicate specific history below and give dates:

Heart Attack	Date: _____	Cardiac Pacemaker	Date: _____
Heart Bypass	Date: _____	Angina	Date: _____
Coronary Balloon Angioplasty	Date: _____	Irregular Heart Rhythms	Date: _____
Stroke	Date: _____	Rheumatic Heart Disease	Date: _____
High Triglycerides	Date: _____	Heart Murmurs	Date: _____
High Cholesterol	Date: _____	Number? _____	

SURGERIES/INJURIES/MAJOR ORTHOPEDIC PROBLEMS AND ILLNESSES

Have you ever had any surgeries, injuries or illnesses that limited or would limit your ability to exercise? Y N

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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
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)

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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 _____