



MARATHON TRAINING REGISTRATION

Name _____ Date _____ Age _____

Address _____ City _____ State _____

Phone _____ E-mail _____

Current employment _____

Height _____ Weight _____ Resting Heart Rate _____ Max HR _____

Medications (prescription or over-the-counter) _____

Current state of health _____

Injuries (present or recent past) _____

Health risks (ie. Family history, chronic disease) _____

How long have you been running? _____ Previous other athletic activity or competitive history?

Racing experience: ___ None ___ Beginner ___ Experienced

Number of marathons _____ Locations and Time (s) _____

Current races and times for the past six months (if applicable):

Distance

Pace or Time

Date



Personal records (if applicable):

Distance

Pace or Time

Date

List your running and racing goals for the next four months (June through September) noting specific races you plan to run, dates and goals: _____

Why are you seeking coaching at this time? _____

List your most recent 4 – 6 weeks of running in detail: (miles or time, pace, quality, environment, other cross-training):

Week	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Other comments: _____



CONSENT AND RELEASE

I desire to participate in this 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:

Coach's Responsibilities:

- To design a 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 during scheduled office hours or e-mail for consultation.
- To assist/refer athletes to obtain diagnosis or treatment if injured, and plan for an effective rehab program in order to resume running.

Athlete's Responsibilities:

- Keep the coach up to date on how you are responding to the training during consultations and by maintaining a training log.
- Notify the coach as soon as possible:
 - Indication of an injury or illness
 - Schedule change
 - When you plan to opt out of participation in the program

Signed _____ Date _____

Please send to:

Jeanne Hackett
Peak Performance Multisport
317 Marginal Way
Portland, Maine 04101

Amount Paid _____ Rec'd by: _____