



MADISON

FALL TRAINING PROGRAM

Join us for our fall training program!

Fleet Feet Sports Madison will offer the following to everyone who joins our 2010 Fall Training Program:

- Madison Mini-Marathon Entry
- 11 week training schedule for the half marathon - Beginning June 7th
- 15-18 week training schedule for full marathon, depending on goal marathon
- Fall Training technical shirt
- Nutrition Samples
- Nutrition Seminar
- Weekly emails providing motivation, coaching, and advice for your training
- Sunday group long runs beginning June 13th
- Logistical support at the Madison Mini-Marathon
- Routes laid out for your long runs
- Water on the long runs
- The opportunity for one on one contact with our coaches through email and in person at the group runs.
- Camaraderie!

***Registration fee includes Madison Mini-Marathon entry (\$50)**

***Register before May 1 for \$100**

***May 1 - May 24th: \$125**

***Registration Deadline: May 24th, 2010**

NOTE: All participants will receive their first group email by Friday, June 4 before the program start date. That email will include your training program and other program details participants will need. All weekly group emails will be sent early in the week supplying the information for the next week's group run. Those emails will also include information covering that week's training topic.

For more information about the program please call 608.833.9999, email megans@fleetfeetmadison.com.



FALL TRAINING PROGRAM

MADISON

Name _____

Age _____ Date of Birth _____

Email _____

Phone Number _____ Address _____

Selected Training Program: (Circle one) Half Marathon Marathon

Shirt Size (circle gender): Men's Women's (circle size): Small Medium Large X-Large

REFUND POLICY

If you discontinue the Fleet Feet Sports training program by June 14, you will receive a full refund minus \$20 fee for registration and processing. No refunds will be given after June 14. I understand that adverse weather conditions are a possibility and are out of the control of the Fleet Feet Sports training program. I understand this class may be cancelled due to adverse weather conditions, including weather service alerts for dangerous air quality. I understand that no refunds or make-up classes will be given in the event of cancellation for adverse weather conditions.

_____ By placing my initials here, I understand and agree to the terms of this policy.

WAIVER

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against the Fleet Feet Sports and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, Fleet Feet Sports, the City of Madison, Middleton, Verona, or Fitchburg and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the 2010 Training Program and any pre- and post race activities. I attest and verify that I am physically fit and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me. (This information is protected by the Privacy Act.).

Participant Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____

Please Print Parent Name (if under 18): _____



Paid: Employee Initials: _____ Date: _____ Cash Check Credit

MARATHON AND HALF MARATHON FALL TRAINING PROGRAM

Initial Athlete Questionnaire

In order to get to know more about you, your current fitness level and your goals for your Fall Marathon or Half Marathon, please answer the following questions with as much detail as possible. This will help us determine the best training plan for each of you.

NAME: _____

1. What is your motivation for joining the Training Program?

- looking to get faster
- to qualify for Boston
- meeting new people
- to finish
- Other: _____

RUNNING EXPERIENCE

2. How often do you currently run? _____

3. Current Weekly Mileage: _____

4. Longest run in the past month: _____

5. Longest run in the past year: _____

6. How many races have you participated in? (circle #) 0 1-5 6-10 11+

7. When was the last race you ran? _____ Distance? _____ Finishing Time? _____

8. Do you have any marathon experience (half, whole or triathlon): _____

9. Do you have any special concerns we should be aware of? _____

10. Are you running a: (circle one/two) full marathon &/or half marathon

Which Event: _____ Date: _____

11. What is your goal pace or time? (Half) _____ (Full) _____

12. How did you find out about the program? _____

13. Emergency Contact (NOT in training program) Name: _____

14. Emergency Contact Relation to you: _____

15. Emergency Contact Phone Number: (Home) _____ (Cell) _____