



Quarter Marathon/10K
Spring Training
Program
POS CODE: 100

Are you training for the Madison Quarter Marathon, or perhaps another Spring 10K? Would you like to?

Join us for our Spring Training Program!

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

- 11 week training schedule for the Quarter Marathon - Beginning March 15
• Sunday 8:00am group long runs from various locations, with water for distances over 8 miles
• Spring Training technical shirt
• Nutrition Samples
• Nutrition Seminar
• Weekly emails providing motivation, coaching, and advice for your training
• Camaraderie!

\*\$60 per person thru February 15
\*\$75 per person February 16 thru March 1
\*Registration Deadline: Monday, March 1

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

In consideration of the training program and Fleet Feet Sports Madison, I agree not to sue, and I waive and release all claims, damages, and injuries or actions suffered by me while participating in the training program and marathon/half marathon/quarter marathon/10k.

I have read the above information, and understand that I am responsible for myself during this program.

Name \_\_\_\_\_
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
Email \_\_\_\_\_
Phone Number \_\_\_\_\_ Address \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Paid: Employee Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Cash Check Credit



## Quarter Marathon SPRING TRAINING PROGRAM Initial Athlete Questionnaire

In order to get to know more about you, your current fitness level and your goals for your Spring Quarter Marathon or 10K, 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
  - 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 special concerns we should be aware of? \_\_\_\_\_
9. Which Event are you training for?: \_\_\_\_\_ Date: \_\_\_\_\_
10. What is your goal pace or time? \_\_\_\_\_
11. How did you find out about the program? \_\_\_\_\_
12. Emergency Contact (NOT in training program) Name: \_\_\_\_\_
13. Emergency Contact Relation to you: \_\_\_\_\_
14. Emergency Contact Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_