

## Participant Background

Please answer the questions below and return this sheet with your registration form. Your answers will help us tailor the program to your needs.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** M or F

**Running Experience:** Tell us a little about your previous running experience (if any), including any races you have completed.

**Average mileage per week (if any):** \_\_\_\_\_

**Number of days per week you run (if any):** \_\_\_\_\_

**Longest run you have completed in the last few months (if any):** \_\_\_\_\_

**Injury History:** Please describe any history of injuries or significant medical conditions. We strongly recommend you get a physical before you begin the program in order to ensure that you are physically capable of participating. Blood pressure and cholesterol are two key things to get checked.

**Other Training/Athletic Activity:** Please describe any other types of athletic events, sports and activities besides running in which you currently participate.

**Personal Running or Fitness Goals:** Please list both some short term and long term goals. These can be personal (such as losing weight), general fitness goals (such as living a healthier lifestyle) and/or running related goals (such as running a marathon one day).

**Prior Coaching:** If you have had coaching in the past, list some of the good and the not so good aspects of your experience.

**How did you hear about the program?** (Circle one): Fleet Feet newsletter, newspaper article, newspaper advertisement, from a past participant, from a friend, other: \_\_\_\_\_

**Have you shopped at Fleet Feet before?** (Circle one): Yes or No

**What brand of shoes are you currently wearing for fitness?**