



Client Information - **Run Clinics + Workshops**  
**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONTACT DETAILS**

<b>Address</b>	
<b>City</b>	
<b>Province/State</b>	
<b>Home/Cell Phone</b>	
<b>Email</b>	
<b>Date of Birth</b>	
<b>Gender</b>	
<b>Occupation</b>	
<b>Current Age</b>	

**HEALTH HISTORY**

**Complete + Attach the PAR Q and Waiver:**

<b>Height</b>	
<b>Weight</b>	
<b>Resting HR (beats per min)</b>	
<b>Current Injuries?</b>	<b>YES NO Explain:</b>
<b>Past Injuries?</b>	<b>YES NO Explain:</b>
<b>Family History of Coronary Artery Disease?</b>	<b>YES NO Explain:</b>
<b>Fainting or Dizziness?</b>	<b>YES NO Explain:</b>
<b>Eating Disorders?</b>	<b>YES NO Explain:</b>
<b>Seizures?</b>	<b>YES NO Explain:</b>
<b>High Blood Pressure?</b>	<b>YES NO Explain:</b>
<b>Heart Attack? Chest Pain?</b>	<b>YES NO Explain:</b>
<b>Diabetes?</b>	<b>YES NO Explain:</b>
<b>High Cholesterol?</b>	<b>YES NO Explain:</b>
<b>Smoking (past/present)?</b>	<b>YES NO Explain:</b>
<b>Alcohol? Drugs?</b>	<b>YES NO Explain:</b>
<b>Joint or Back Problems?</b>	<b>YES NO Explain:</b>
<b>Medication?</b>	<b>YES NO Explain:</b>
<b>Chance of being pregnant?</b>	<b>YES NO Explain:</b>
<b>Allergies?</b>	
<b>Current Treatments? (chiropractor, physio, etc)</b>	
<b>Emergency Contact + number</b>	



## Client Information - Run Clinics + Workshops

### I. Which clinic or workshop are you signing up for?

Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_

### II. Do you have any race goals for this coming year or future years?

Primary Goal: \_\_\_\_\_

Date: \_\_\_\_\_

Distance (if a race or event) : \_\_\_\_\_

Secondary Goal: \_\_\_\_\_

Date: \_\_\_\_\_

Distance (if a race or event) : \_\_\_\_\_

Long Term Goal(s): \_\_\_\_\_

### RUNNING Specifics

What is your longest run currently?	
Current weekly mileage?	
Experience with a HR monitor	YES NO Resting HR: Max HR:
Experience doing speed-work? Describe:	YES NO
Experience doing hill training? Describe:	YES NO
What do you consider your training strengths? (ex – flexibility)	
What do you consider your training weaknesses? (ex – hills)	
Are there certain types of training you enjoy? (ex – long & slow runs)	
Are there certain types of training you dislike? (ex – speed work)	
Do you train with a partner or a group? How often? Type of workout?	



## Client Information - **Run Clinics + Workshops**

### Recent Competition Times & Results:

5km:	½ Marathon:
10km:	Marathon:
Ultra:	Other:

**Reasons for attending the workshop or clinic:**

### **LIABILITY RELEASE**

Is there anything else that would be important for your coach to know when designing your program and training plan? The more information that you can provide will assist your coach in assessing and making recommendations and improvements to your training.

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***SIGN below and COMPLETE both the PAR Q and WAIVER:***

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name