



Athlete Intake Form

In order to help us create an individualized fitness plan/program just for you, it is necessary to evaluate some of your health and lifestyle history, as well as your present running fitness level. Please answer all questions to the best of your ability. Your information is completely confidential and used only in helping make the proper recommendations for your fitness program goals and needs.

Name _____ Date _____

Age _____ Sex _____ Height _____ Weight _____

Email _____ Phone _____

Mailing Address _____

Emergency Contact Person (Name and Phone) _____

Current Health _____

Medications (List all) _____

If currently sick or injured, describe difficulty and date of onset _____

Health Risks (Family history, chronic disease (s)) _____



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Running Interest (check all that applies)

Fitness and Fun

Recreational or Social Racing

Training for Multi-Sport

Racing for improvement

Performance

Racing for Awards (Overall, age group, Boston, New York, London, Chicago Qualify)

Add anything else that may apply to your overall goals that isn't listed

How long have you been running _____

Would you consider yourself a Novice _____ or Experienced Runner _____

Running Racing Experience: None (Beginner) _____

I've completed number of 5K _____ 10K _____

Half Marathons _____ Marathons _____ Ultras _____

How many miles a week do you average _____

Have you ever done "speed Workouts, interval training, or effort sessions: Yes ____ No ____



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Recent or Chronic Running Injuries:

Describe any problem with previous training or racing:

Most recent racing results, include distance, pace/time, and date

Describe your current training goals---What would you like to accomplish and by when?

Running Personal Bests

5K 10K Half Marathon Marathon Ultra other

Additional Information you would like to add?