



Coaching Questionnaire

Print this form, fill it out, sign the release at the bottom and return it with your check to Start Right Fitness LLC, c/o Carla Gregor, P. O. Box 151383, Alexandria, VA 22315. Checks payable to Start Right Fitness LLC.

For fast response, you can fax the completed form or paste the form into your mail program, fill it out and email it to me. I will still need a printed copy with a signature sent along with your check.

Start Right Fitness LLC
c/o Carla Gregor
P. O. Box 151383
Alexandria, VA 22315
E-mail: cgregor@cov.com
Phone: (703) 407-7470

In order to help me plan a fitness/athletic program for you, it is necessary to evaluate some of your health and lifestyle history and practices as well as your present state of fitness. The questions need to be answered to the best of your ability. The information gathered will be used only in making recommendations for your program. Your individual data will be kept confidential.

Personal Medical / Running History

Name: _____ Date: _____

Date of Birth: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening) _____

Cell phone: _____

Email Address: _____ Fax Number: _____

Height: _____ Weight: _____

Occupation: _____ Work Schedule: _____

Marital Status: _____ Children (# and ages): _____

(If you know)
% Body Fat: _____ Resting Heart Rate (HR): _____ Maximum HR: _____

Medications (please list all over the counter medications as well as prescription medications that you currently take):

Current State of Health: _____

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

Have you ever been diagnosed as having any of the following conditions?

- _____ Cancer (If yes, describe what kind) _____
- _____ Heart problems
- _____ Hepatitis
- _____ High blood pressure
- _____ Asthma
- _____ Stroke
- _____ Anemia
- _____ Thyroid problems
- _____ Diabetes
- _____ Allergies
- _____ Rheumatoid Arthritis
- _____ Anorexia / Bulimia
- _____ Other Arthritic Conditions
- _____ Depression
- _____ Other (please be specific) _____

Health Risks: Has anyone in your immediate family (parents, brothers, sisters) ever been treated for any of the following?

- _____ Diabetes
- _____ Heart Disease
- _____ High blood pressure
- _____ Asthma
- _____ Stroke
- _____ Cancer
- _____ Anemia
- _____ Arthritis
- _____ Other (please be specific) _____

How long have you been running? _____

Average # of days running/week: _____ Longest single run in past 2 months: _____

Recent Running Injuries including date: _____

Previous exercise or competitive history: _____

Start Right Fitness LLC
Coaching Questionnaire

Racing Experience: None _____ Beginner _____ Experienced _____

Current Racing (List races in last 6 months):

Distance	Finish Time	Date
----------	-------------	------

Personal Bests (List your best performances):

Running Interests:

- _____ Fitness and Fun
- _____ Recreational or Social Racing
- _____ Racing for Improved Performance
- _____ Racing for Age Group or Other Awards

List your running and racing goals (future races, dates, and goal times): _____

Other Training / Athletic Activity: Please describe any other types of athletic events, sports and activities besides running in which you currently participate, and for each please provide a summary of the frequency and intensity of your participation:

Personal Running Goals: Please describe in as much detail as possible your personal running goals at this time. It may be helpful to distinguish between short term goals (i.e., 5K PR in 3 months) and longer term goals (i.e., general increase in overall fitness/ability; marathon in 12 months):

Prior Experience with Team or Individual Coaching: Please describe any previous experience you have had with a running coach, either in a team training environment or as a personal coach, and describe any particular positive or negative aspects of that experience:

Expectations from Coaching: Please describe what motivated you to seek the assistance of a running coach at this time, and what you hope and expect to achieve with the help of a coach:

Describe your most recent 4-6 weeks of training in detail. List the miles or time spent running, your pace or heart rate, the surface or terrain (track, road, bike path, bark chips, trails, flat, hilly, rolling etc.) and any supplemental or additional training (weights, stretching, cycling, swimming, aerobics etc.) Include any races run.

Example: 4 mi @ 10:00 pace
 rolling road
 stretching
 20 min weights

Sun Last Week	Mon	Tue	Wed	Thu	Fri	Sat
2						
3						
4						
5						
6						

Additional comments or concerns: _____

CONSENT AND RELEASE

I desire to participate in this program. I understand the risks involved in running, walking or other fitness activities and assume personal responsibility for my health and safety while participating in this program. I also understand and accept the following responsibilities:

Coaches Responsibilities:

- To design an individualized training schedule, provide motivation and feedback, technical assistance, racing guidelines, and counseling to each runner based on his/her goals and fitness level.
- To be available by phone or by email for consultation.
- To assist you in obtaining diagnosis or treatment if injured. To write a training rehab plan to assist you in maintaining your present fitness level and to return to running as soon as possible.

Athletes Responsibilities:

- Keep the coach up to date on how you are responding to the training by maintaining your training log.
- Notify the coach as soon as possible:
 - When it seems like you may have an injury or, the beginning symptoms of illness.
 - If you need to miss or modify a training session or scheduled race.
 - When you plan to opt out of personal coaching for a period of recovery or for other activities.

THE COACHING GUIDANCE GIVEN BY START RIGHT FITNESS LLC IS NOT INTENDED IN ANY WAY TO BE A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE. ALWAYS SEEK THE ADVICE OF YOUR PHYSICIAN OR OTHER QUALIFIED HEALTH PROVIDER WITH ANY QUESTIONS YOU MAY HAVE REGARDING A MEDICAL CONDITION. NEITHER THE CONTENT NOR ANY OTHER SERVICE OFFERED BY OR THROUGH START RIGHT FITNESS LLC IS INTENDED TO BE RELIED ON FOR MEDICAL DIAGNOSIS OR TREATMENT. NEVER DISREGARD MEDICAL ADVICE OR DELAY IN SEEKING IT BECAUSE OF SOMETHING YOU HAVE READ ON THIS OR ANY OTHER WEB SITE!

Date

Participant's Signature
(Parent or Guardian if Under 18)