



## Distance Training Group

The Fleet Feet Distance Training Program will be coached by Mark Andrews and Ellen Boutillier. The program will be approximately 15 weeks long starting the week of May 28th to help you prepare for the Preferred Care Rochester full or half marathon, an event of your choice or getting faster at 5 or 10K's. The event would take place in September or early Fall. If your event is after that 15 weeks that is not a problem it just helps facilitate a longer base period. The initial program will begin week of May 28th for Distance Training program, however, if your marathon is later than the 15 weeks you will begin 15 weeks out from your marathon, which will allow for excellent base building period that we would incorporate into the training.

We will plan for our first training group run to start on May 31st. You will be receiving a welcome e-mail from the coach the week of May 28<sup>th</sup>, so there is no meeting date that week, aside from the group run on May 31<sup>st</sup>.

This program has 3 levels to it, Beginner, Advanced and Platinum level. Beginner is for those that are currently running but want to go the next step or improve their current steps. The Advanced Group is for those who have already run a half or full and want to increase their speed and endurance. The Platinum program is for those who have run a full marathon within 5 minutes or below their Boston Marathon qualifying time or plan to run Boston this year. Our mission is to help you get to your destination safely and smart. Once you enroll we will be providing you training program, training dates, potential race training dates and dates for workshops.

### The Program Options

<b>Beginner</b>	<b>Advanced</b>	<b>Platinum</b>
Half or Full Marathon	Half or Full Marathon	Marathon Distance Only
<b>Orientation</b> – Wed., June 4th at 6PM	<b>Orientation</b> – Wed., June 4 <sup>th</sup> at 6PM	<b>Orientation</b> – Wed., June 4 <sup>th</sup> at 6PM
<b>Stretching Workshop</b> – Saturday, June 14 <sup>th</sup> at 9:15AM (the run will be at 8AM)	<b>Stretching Workshop</b> – Saturday, June 14 <sup>th</sup> at 9:15AM (the run will be at 8AM)	<b>Stretching Workshop</b> – Saturday, June 14 <sup>th</sup> at 9:15AM (the run will be at 8AM)
<b>Strength Training Workshop</b> – Wed., July 2nd at 6PM	<b>Strength Training Workshop</b> – Wed., July 2nd at 6PM	<b>Strength Training Workshop</b> – Wed., July 2nd at 6PM
<b>Nutrition Workshop</b> – Sat., July 12th at 9:15AM (the run will be at 8AM)	<b>Nutrition Workshop</b> – Sat., July 12th at 9:15AM (the run will be at 8AM)	<b>Nutrition Workshop</b> – Sat., July 12th at 9:15AM (the run will be at 8AM)
<b>Free Pilates Class</b> at Beyond the Body Pilates	<b>Free Pilates Class</b> at Beyond the Body Pilates	<b>Free Pilates Class</b> at Beyond the Body Pilates
<b>Free Yoga Class</b> at Molly's Yoga	<b>Free Yoga Class</b> at Molly's Yoga	<b>Free Yoga Class</b> at Molly's Yoga
<b>Entry into Fleet Feet SummerFest 12K on Aug. 31st</b>	<b>Entry into Fleet Feet SummerFest 12K on Aug. 31st</b>	<b>Entry into Fleet Feet SummerFest 12K on Aug. 31st</b>
Weekly E-mails from the coaches on weekly workouts, plus the training schedule will be sent every 2 weeks for the Advanced and Beginner Program. The Platinum Program will be e-mailed more specific workout schedule by Coach Mark Andrews		<b>3 ½ Hour Consultations with Mark Andrews</b> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> – June 10<sup>th</sup> – 12th</li> <li>• 2<sup>nd</sup> – July 15<sup>th</sup> – 17th</li> <li>• 3<sup>rd</sup> – Aug. 19<sup>th</sup> - 21st</li> </ul>
<b>All Programs will receive a 10% Off Coupon back to the store upon receipt of payment and registration form.</b>		
<b>All programs will receive a Fleet Feet Technical Top AND participate in the group workouts on Saturdays at 8AM</b>		
<b>Fee: \$85 Values at \$400</b>	<b>Fee: \$85 Values at \$400</b>	<b>Fee: \$150 Valued at \$700</b>

Payment for the program along with the filled out health survey is due by June 2nd and payable to Fleet Feet Sports. You can pay by credit card online at [www.fleetfeetrochester.com](http://www.fleetfeetrochester.com). Otherwise, mail in or drop off registration forms are by check or cash. Note: no refunds after 2 weeks from receipt of payment.

**You can mail it to us at Fleet Feet Sports, 2210 Monroe Ave, Rochester, NY 14618.**







Amt: \_\_\_\_\_  
Date: \_\_\_\_\_  
Pmt Method: \_\_\_\_\_

**Athletic Background**

**Most recent race (any distance):** Date of Event: \_\_\_\_\_ Distance: \_\_\_\_\_ Time: \_\_\_\_\_

**Most recent Marathon:** Date of Event: \_\_\_\_\_ Distance: \_\_\_\_\_ Time: \_\_\_\_\_

**Best Marathon:** Date of Event: \_\_\_\_\_ Distance: \_\_\_\_\_ Time: \_\_\_\_\_

**Best Performance in last 2 years**

**Best Performance Ever**

Distance	Time	Race	Date	Time	Race	Date
5K	_____	_____	_____	_____	_____	_____
8K	_____	_____	_____	_____	_____	_____
10K	_____	_____	_____	_____	_____	_____
1/2 Marathon	_____	_____	_____	_____	_____	_____
Marathon	_____	_____	_____	_____	_____	_____

**Training History over last 6 Months**

Average Weekly Mileage \_\_\_\_\_ Number of days Running/Week \_\_\_\_\_

Average easy run Pace \_\_\_\_\_ No. of days willing to train per week \_\_\_\_\_

Average Long Run Distance \_\_\_\_\_

Describe any speed workouts you are currently doing (Please be very descriptive)

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**Date and Location of Event you would like to run**

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

Event: \_\_\_\_\_

**I ATTEST THAT THE INFORMATION I HAVE GIVEN HERE IS CORRECT AND AGREE THAT I AM PHYSICALLY ABLE TO PARTICIPATE IN AN EXERCISE PROGRAM**

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



Amt: \_\_\_\_\_  
Date: \_\_\_\_\_  
Pmt Method: \_\_\_\_\_

## RELEASE & WAIVER

### GENERAL STATEMENT RE: PHYSICAL EXERCISE & FLEET FEET SPORTS

I understand that my decision to engage in physical exercise with Fleet Feet Sports/Ellen Brenner and David Boutillier & Mark Andrews may include exercises, facilities and/or equipment designed to improve muscular strength and cardiovascular endurance.

#### Description of Potential Risks associated with Physical Exercise

I understand that the reaction of the heart, lung, and blood vessel system to physical exercise cannot be predicted with accuracy. I understand that there is a risk with certain **abnormal** changes during or following physical activity. These changes may include, but are not limited to abnormal changes in blood pressure, heart rate, ineffective functioning of the heart, and in rare cases a heart attack (cardiac arrest, or possibly death). Use of weight resistive equipment or engaging in heavy body calisthenics can lead to musculoskeletal strains, pain or injury. I understand that a stretching program with a warm up period before and a cool down period after engaging in physical exercise can reduce the risk of pain and injury. Information regarding warm-up, cool down and stretching exercises will be provided to me by an instructor during my scheduled orientation.

#### Responsibility of Client

I have completed the medical history profile and understand that I must disclose all of my physical and medical conditions, limitations and sensitivities. I understand that Ellen Brenner/David Boutillier/Mark Andrews reserves the right to request permission from my physician if it is determined I may be at a high risk for injury or medical complications. I understand that it is up to me to request instruction for a particular machine or exercise if I am unsure of its operation or purpose.

#### Emergency Care

I understand that I must inform Ellen Brenner/Mark Andrews immediately if I experience any problems while working with her or under her workout instruction. I understand that Ellen Brenner, David Boutillier and Mark Andrews are not medical professionals in their suggestions or opinions must not be considered medical advice. Any information imparted to me should be discussed with a health care professional. IN the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

#### Release of Liability Statement

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction. I understand that I am free to deny answers to specific items or questions during interviews or when filling out questionnaires, and to decline to participate in any recommended activity. The information which is obtained will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed verbal or written consent. I agree that all instruction in use of equipment or exercises shall be undertaken at my own risk and I further agree that I am physically and mentally able to undertake any and all instructions provided. I certify that this program is undertaken at my sole choice and risk. There will be no refunds after two weeks from receipt of payment.

Name (print) \_\_\_\_\_

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