



**MADISON**

## **FALL TRAINING PROGRAM EXTENDED REGISTRATION**

### **Join us for our fall training program!**

Fleet Feet Sports Madison will offer the following to everyone who joins our 2010 Fall Training Program:

- Madison Mini-Marathon Entry - August 21
- 11 week training schedule for the half marathon - Beginning June 7<sup>th</sup>
- 15-18 week training schedule for full marathon, depending on goal marathon
- Fall Training technical shirt
- Nutrition Samples
- Nutrition Seminar
- Weekly emails providing motivation, coaching, and advice for your training
- Sunday group long runs beginning June 13<sup>th</sup>
- Logistical support at the Madison Mini-Marathon
- Routes laid out for your long runs
- Water on the long runs
- The opportunity for one on one contact with our coaches through email and in person at the group runs.
- Camaraderie!

**\*Registration fee includes Madison Mini-Marathon entry (\$50 - August 21)**

**\*Register before May 1 for \$100**

**\*May 1 - May 24<sup>th</sup>: \$125**

**\*Registration Deadline Extended: \$150 May 24<sup>th</sup> - May 31 (Memorial Day)**

NOTE: All participants will receive their first group email by Friday, June 4 before the program start date. That email will include your training program and other program details participants will need. All weekly group emails will be sent early in the week supplying the information for the next week's group run. Those emails will also include information covering that week's training topic.

For more information about the program please call 608.833.9999, email [matt@fleetfeetmadison.com](mailto:matt@fleetfeetmadison.com). Matt will be the Head coach for the program. We will also offer pace group leaders.



FALL TRAINING PROGRAM

MADISON

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Selected Training Program: (Circle one) Half Marathon Marathon

Shirt Size (circle gender): Men's Women's (circle size): Small Medium Large X-Large

REFUND POLICY

If you discontinue the Fleet Feet Sports training program by June 14, you will receive a full refund minus \$20 fee for registration and processing. No refunds will be given after June 14. I understand that adverse weather conditions are a possibility and are out of the control of the Fleet Feet Sports training program. I understand this class may be cancelled due to adverse weather conditions, including weather service alerts for dangerous air quality. I understand that no refunds or make-up classes will be given in the event of cancellation for adverse weather conditions.

\_\_\_\_\_ By placing my initials here, I understand and agree to the terms of this policy.

WAIVER

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against the Fleet Feet Sports and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, Fleet Feet Sports, the City of Madison, Middleton, Verona, or Fitchburg and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the 2010 Training Program and any pre- and post race activities. I attest and verify that I am physically fit and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me. (This information is protected by the Privacy Act.).

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Parent Name (if under 18): \_\_\_\_\_



Paid: Employee Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Cash Check Credit

# MARATHON AND HALF MARATHON FALL TRAINING PROGRAM

## Initial Athlete Questionnaire

In order to get to know more about you, your current fitness level and your goals for your Fall Marathon or Half Marathon, please answer the following questions with as much detail as possible. This will help us determine the best training plan for each of you.

**NAME:** \_\_\_\_\_

1. What is your motivation for joining the Training Program?
  - looking to get faster
  - to qualify for Boston
  - meeting new people
  - to finish
  - Other: \_\_\_\_\_

### RUNNING EXPERIENCE

2. How often do you currently run? \_\_\_\_\_
3. Current Weekly Mileage: \_\_\_\_\_
4. Longest run in the past month: \_\_\_\_\_
5. Longest run in the past year: \_\_\_\_\_
6. How many races have you participated in? (circle #)    0        1-5        6-10        11+
7. When was the last race you ran? \_\_\_\_\_ Distance? \_\_\_\_\_ Finishing Time? \_\_\_\_\_
8. Do you have any marathon experience (half, whole or triathlon): \_\_\_\_\_
9. Do you have any special concerns we should be aware of? \_\_\_\_\_
10. Are you running a: (circle one/two)    full marathon    &/or    half marathon  
Which Event: \_\_\_\_\_ Date: \_\_\_\_\_
11. What is your goal pace or time? (Half) \_\_\_\_\_ (Full) \_\_\_\_\_
12. How did you find out about the program? \_\_\_\_\_
13. Emergency Contact (NOT in training program) Name: \_\_\_\_\_
14. Emergency Contact Relation to you: \_\_\_\_\_
15. Emergency Contact Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_