



CLINIC REGISTRATION FORM

The first step in the coaching process is filling out the athlete questionnaire.

Name:

E-Mail:

Address:

City _____ Zip _____

Home phone _____ Cell _____ Work _____

Date of birth:

Emergency Contact

Emergency Phone

I am registering for:

Beginner 5k Clinic _____ Location _____ Date _____

Intermediate Run Clinic _____ Location _____ Date _____

If registering for TS Clinic/Camp, is this your first TS clinic/camp?

If previously attended TS Camp/Clinic please give date(s) and location

**Sport Specific Strength Training
For Endurance Athletes** _____ Location _____ Date _____

Half Marathon/Marathon Training Program _____

Rate your fitness level on scale of 1-10 (1=poor; 10=excellent)

Referred by: (Please be specific)

How did you find us? (Please be specific)

What is your main goal?

What are your health and fitness goals for next 3 months?

How much running have you been doing lately?

Are you training for an upcoming race? If so, please list date and event/performance.

How much training have you been doing in the following sports within the last 6 months:
Running____; Cycling____; Swimming____

What do you think your timed mile will be?

What is the date of last physical exam?

Are you allergic to any medicines (aspirin, penicillin, sulfa, etc.)?

List prescribed medicines you take on a permanent or semi-permanent basis:

MEDICAL HISTORY

If you are returning and have no medical changes, the medical section below does not need to be completed. All agreements remain the same. NOTICE: It is wise to seek your physician's advice before beginning any health/fitness/nutrition program!

Please check either yes, no or seldom in the following categories

Do you have a seizure disorder (epilepsy)?

List seizure disorder meds:

Do you have adult or juvenile diabetes?

List diabetes meds:

Have you ever been found to be anemic (low iron and/or blood count)?

Do you have high blood pressure?

List high blood pressure meds:

Have you ever had the following diseases?

Lung disease ___yes ___no

Heart disease ___yes ___no

Kidney disease ___yes ___no

Kidney disease meds:

Liver disease

Do you have asthma?

List asthma meds:

Have you ever had a severe neck injury? Describe.

Have you ever been knocked unconscious? Describe.

Do you wear contact lenses or glasses?

Have you ever had a broken bone or fracture in the past 2 years? Describe.

Have you ever injured your back? Describe.

Do you have back pain ___never ___seldom ___occasionally ___frequently with vigorous exercise and/or heavy lifting?

Have you had any knee pain that disabled you for a week? Describe.

Detail any surgical procedures:

Other conditions: Please initial the following:

_____ I will show up for camp/clinic or training program and be on time

_____ I understand that photos or video may be taken during the course of my involvement in the clinic which may be used for promotional purposes.

_____ I understand there is **no refund policy**

WAIVER: This form is an important legal document. It explains the risks you are assuming by participating in an exercise program. It is critical that you read and understand it completely. After you have done so, please print and sign your name legibly in spaces provided at the end of this form.

RELEASE OF LIABILITY

By participating in physical training and racing activities, I acknowledge and accept and assume the risk inherent therein. I certify that I am physically fit and have not been advised against participation by a qualified professional. I WAIVE, RELEASE, AND DISCHARGE from any and all claims, losses or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bill, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in the training programs discussed above or racing activities directed by **Train Smart Coaching, Sherry Shelton and all of her contractors and/or associates.** THIS RELEASE INCLUDES CLAIMS, LOSSES OR LIABILITIES CAUSED OR CLAIMS TO BE THE RESULT OF THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OF OMISSIONS OF THE PERSONS I AM RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OF OMISSIONS OF ANY OTHER PERSON OR ENTITY.

I assume the risk of running, biking, swimming, and resistance training, or the participation in any racing or training event. I also assume any and all other risks associated with the training program or racing activities, including but not limited to falls, or effect of any other participants, effects of weather, including heat and/or humidity, defective equipment, the condition of the roadways, water hazards, contact with other participants, and any hazard that may be posed by vehicular traffic or pedestrians, all such risk being known and appreciated by me. I further acknowledge that these risks that may be the result of the negligence of the persons released herein. I agree to indemnify and hold harmless the persons released herein from any and all claims made or liabilities assessed against them as a result of my actions or inaction's, the actions of the negligence of others, including those parties hereby indemnified or any other harm caused by an occurrence related to **Train Smart Coaching or Sherry Shelton's** training programs and activities. It is further understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I affirm that I am eighteen (18) years or older, I have read, understand and agree to the terms of the above waiver.

Print Name _____ **Signature** _____ **Date** _____