



**THANKSGIVING DAY 5K  
8-WEEK TRAINING PROGRAM  
ATHLETE'S REGISTRATION & QUESTIONNAIRE**

Please fill out this form to help the coaches develop a 5K program for you. The information will help evaluate some of your health and lifestyle history, as well as your running fitness. Answer questions to the best of your ability. Your information will be kept confidential and used only to make recommendations for your training program.

|        |                |                     |        |     |
|--------|----------------|---------------------|--------|-----|
| Name:  |                |                     | Date:  |     |
| Age:   | Date of birth: | Gender: Male Female | Ht.    | Wt. |
| Email: |                |                     | Phone: |     |

Best way to contact you:

|                  |             |      |
|------------------|-------------|------|
| Mailing address: | City/State: | Zip: |
|------------------|-------------|------|

EMERGENCY CONTACT (name & phone):

|                          |                                 |
|--------------------------|---------------------------------|
| Current state of health: | Medications you currently take: |
|--------------------------|---------------------------------|

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

Health risks (chronic disease, family history):

**RUNNING HISTORY**

|                                 |   |
|---------------------------------|---|
| How long have you been running? | Would you consider yourself a runner (circle)?<br>Beginner    Intermediate    Experienced |
|---------------------------------|---|

|  |   |
|--|---|
| Race experience in the past 12 months:<br>none____ best time: 5K_____ 10K_____ | How many miles a week have you averaged in the past 3 months? |
|--|---|

In the past year have you done speed workouts, interval training or effort sessions? \_\_Y \_\_N

List any recent or chronic running injuries.

Describe any problems with previous training or racing:

What is your goal for this 8 week training session?

Additional comments or concerns:

Member of runLawrence? \_\_Yes \_\_No, if no you must join the club (fill out membership form and pay dues)

Submit application & any membership form to the coaches, or mail to runLawrence, 2223 Westchester Rd, Lawrence KS 66049

**RELEASE OF LIABILITY (MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN)**

By signing below, I acknowledge that the above information is accurate to the best of my knowledge. I also state that to the best of my knowledge, I am capable of participating in vigorous physical activity. In consideration of the benefits I will receive through this participation, I hereby release the runLawrence Training Program, its officers, coaches, volunteers, sponsors and agents from any liability or claims arising from this activity.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|



## Club Membership Application with 8-week Training Program

Submit with page 1 questionnaire if not yet a club member

- ◆ Encouraging a healthy lifestyle for all through running.
- ◆ 20% member discounts at Garry Gribble's Running Sports and Francis Sporting Goods
- ◆ helping new runners with advice and guidance
- ◆ promoting camaraderie among runners who have been running for some time but who want a group of compatible training partners
- ◆ collaborating with other local running groups to encourage a wide range of running opportunities
- ◆ advancing the goals of competitive racers

Annual memberships are Jan 1 to Dec 31 each year. Signups accepted as early as August 11<sup>th</sup> the year before. Make checks payable to runLawrence (2223 Westchester Rd, Lawrence KS 66049)

☐ Single Membership \$20

☐ Family Membership \$25

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_ Sex: M F

Additional family members:

| Name  | Date of Birth  | Sex |
|-------|----------------|-----|
| _____ | ____/____/____ | M F |
| _____ | ____/____/____ | M F |
| _____ | ____/____/____ | M F |
| _____ | ____/____/____ | M F |

### Club Membership Application Waiver

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, run Lawrence and all sponsors, their representatives and successors from all claims or liabilities of any kind of arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

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

Parent's signature if under 18