

ATHLETE INFORMATION FORM

When completing this form, please be sure to answer each question to the best of your ability. The more information you provide, the more tailored your training plan will be for your specific needs and running goals. Thanks!

Date:		
Name:		
E-mail:		
Phone:		
Address:		
City:		
State:		

Zip:

Please tell us how you heard about McMillan Running?

Have you previously used a McMillan Running Training Program, Personal Coaching Program, Custom Training Plan, or Peak Performance Bundle?

YOUR TRAINING AND RACING GOALS

What are your training and racing goals for the next three months?

What are your training and racing goals for the next six months?

Please list races of particular interest that you would like to run in the next six months: In the first column, please rank the importance of each race with # 1 being the most important race, # 2 as the next most important race, and so on.

Ran k	Race Name	Distance	Date (Month/Day/Year)
1			

PHYSICAL PROFILE

Birth Date:

Gender:

Maximum Heart Rate (if known):

Number of years running:

TRAINING HISTORY

Please give an overview of your last 10 weeks of training with the following information:

Week Start Date	Weekly Volume	Long Run Length	Key Workouts with details	Races

Please describe a typical <u>RUNNING</u> week for you:

Day	Distance/Duration	Workout (if any)	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Average weekly training volume (miles or kilometers, please specify):

Last 6 months: Last 10 weeks: How much weekly training volume do you believe you can handle without feeling overtrained?

Average number of weekly running sessions (number of days <u>running</u> per week):

Last 6 months: Last 10 weeks: How many days per week do you believe you can run without feeling overtrained?

Approximate the average pace of the following (in minutes per mile or kilometer, please specify):

Easy Runs (Conversational Pace): Moderate Runs (Tempo Effort): Hard Runs (Intervals of 1 mile or less):

Do you prefer your workouts in Miles or Kilometers or Time?

Types of training:

How many "hard" or "specific" running workouts do you complete per week (ex. Mile Repeats, Tempo Run, Long Run, etc.)?

If you complete specific running workouts, what days of the week do you normally run them?

How many days off from running do you take each week?

Which day(s)?

On which day do you usually complete your long run?

What is the farthest you have run in a single long run in training?

Do you have access to either a track or a measured course, or use of a GPS device?

Do you have access to hills?

Do you have access to a treadmill?

Which of the following types of runners do you identify with most:

Top of Form

Speedster	Better at fast-paced workouts	
	• Struggle with longer workouts like Tempo Runs and Marathon training	
	 Perform better in shorter races than longer races 	
	 Recover more quickly from speed workouts 	
	 Feels overly fatigued from longer workouts and races 	
Endurance	• Enjoy and Excel at Tempo Runs, Long Runs, and Marathon training	
Monster	• Enjoy high volume training	
	 Feels overly fatigued from short, fast training 	
	 Perform better in longer races than shorter races 	
	 Recover more quickly from long races and workouts 	
Combo Speedster-	• Enjoys both Tempo Runs and fast-paced workouts	
Endurance	• Performs equally well in short and long races	
Monster	• Recovers equally well from fast-paced workouts and longer workouts	
	Bottom of Form	

Strengths/Weaknesses:

What are your key strengths as far as talent and training in running?

What are your weaknesses as far as talent and training in running?

What areas of training do you believe you need the most improvement?

What is your favorite hard running workout? (ex. Mile Repeats, Tempo Run, Long Run, etc.)

What is your least favorite hard running workout?

Running Injuries

Please describe any running injuries you have had and whether you are still affected by the injury (include type of injury, date, possible cause, how long it lasted, rehab routine, etc.):

Other exercise:

Please describe in detail any other supplemental types of exercise (biking, swimming, weight training, Yoga) that you regularly perform as a part of your overall fitness or training program as well as the days that you complete those exercises:

RACING HISTORY

List your *all-time personal best times* and the year you ran them for the distances that apply:

Distance	Time	Year	Race Name/Location
Half-Mile/800m			
Mile/1500m			
2-Mile/3000m			
5K			
10K			
½ Marathon			
Marathon			
Other:			
Other:			

List your best times in the *last 12 months*:

Distance	Time	Year	Race Name/Location
Half-Mile/800m			
Mile/1500m			
2-Mile/3000m			
5K			
10K			
½ Marathon			
Marathon			
Other:			
Other:			

Please list dates of travel, vacation or any other activity that will limit training. Your plan can then be adjusted for these special day(s).

Travel Type	Dates (Month/Day/Year)	Limitations on Running

OCCUPATION

Does your job require a lot of travel?

Would you describe your job as high stress or low stress?

On a scale of 1 to 10, how fatigued do you feel after a day of work?

For Ultrarunners Only

Number of years running ultras: Number of ultras you've completed:

Do you have access to trails and/or terrain that is similar to your ultra racing goal? Briefly describe what you have available.

Personal Records: 50K 50M 100K 100M Other:

Fastest Time in the past 12 months: 50K

50M
100K
100M
Other:

Please provide any other information that might be helpful in analyzing your needs and developing a personalized training and racing schedule (i.e., your ability to race; your ability to handle certain types of training; things that have worked well for you in the past, etc.) Also, please include any comments about your long-term running goals:

Agreement to use McMillan Running, Inc. Coaching Service and Waive Liability

I voluntarily choose to utilize the personal coaching services of McMillan Running LLC. in order to improve my training and racing. I understand that the training philosophy of McMillan Running LLC. is to very gradually and scientifically increase my ability to train and race more effectively. I also understand that this training philosophy may create certain potential risks such as abnormalities in my blood pressure, breathing, heart rate, and/or muscular-skeletal system that cannot be predicted with complete accuracy. I understand that I am responsible for monitoring my own condition throughout the training program developed by these personal coaching services which I have chosen and agreed to undertake, and should any unusual symptoms or conditions occur, I will immediately cease following the training program and inform my coach of the symptoms or condition. In stating that I agree to this agreement and waiver of liability, I acknowledge that I have read this form in its entirety and that I understand the potential risks associated with these training and coaching services. I also agree to consult with and obtain written permission from my primary care physician prior to undertaking this new training program. If I do not consult with and obtain permission from my primary care physician, I accept any and all consequences that may result from this inaction on my part. Finally, in consideration for being allowed to participate and choosing to engage in this training program, I agree to assume the risks of such training, and further agree to hold harmless McMillan Running and its affiliates, officers, agents, representatives, employees, partners and licensors harmless from any and all claims, suits, losses, and/or related causes of actions and damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from, these personal coaching services.

Returning this questionnaire indicates that you have read, understand and agree to the above Agreement.

NEXT STEPS Please email your completed form to <u>coachgreg@mcmillanrunning.com</u>.