

# Confidential

# RacePace Coaching

&

*Fit.***STRONG**

## Personal File

Name: \_\_\_\_\_

Date of Creation: \_\_\_\_\_

## Permission of Disclosure and Indemnity Waiver

I will participate in the assessment protocols and subsequent training of **RacePace** at my own risk, and hereby indemnify **RacePace** and its staff against any claim, no matter how arising, which may result from my participation or association.

I also confirm that I have disclosed all medical history and information as could be deemed relevant to my participation in a training program.

I understand that the results of my Assessment will remain confidential, and never be sold for profit or gain, but may be released in aggregate form for scientific research purposes.

The set goals can be achieved by closely following your individually designed training plans. Your training plan will be given to you on a monthly basis. It is **RacePace's** belief that optimum result will be achieved by close interaction between **RacePace** and you.

An initial mandatory contract for 3 months is required, as progress improvements take a minimum of 3 months to develop. After the initial 3 months, your contract will revert to a month-to-month basis. Please note that a months notice in advance will be required for cancellation.

If you have any questions, requests or concerns at any time, please contact **RacePace** immediately to discuss possible changes or solutions.

I \_\_\_\_\_ have read and understood the terms above and confirm that all the information provided in this document is true and correct.

Signed on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Please note that the signature of a parent or guardian will be required for persons under the age of 18 years.

### What services do you wish to sign up for?

Please tick all the applicable boxes below



Running Coaching and Training: R450 per month     Form & Posture Assessment: R450 per assessment (1hr)

Sports Conditioning and Personal Training:  R350 per hour session

Track Sessions Only: R240 per month

*With the right training, coaching and guidance we believe that you will reach your goals.*

## Personal Details

Name:	_____	Gender:	_____
Age:	_____	Date of Birth:	_____
Home Town	_____	ID Number:	_____
Address:	_____		
Postal Code:	_____		

Where did you hear about us? \_\_\_\_\_

**Contact Details:** (in case of age below 18 years, please provide Parent/Guardian's contact details)

Email Address:	_____		
Cell Number:	_____		
Emergency Contact:	Name: _____	Cell Number:	_____

### Medical Aid Details:

Medical Aid Name:	_____
Medical Aid Member Number:	_____

### Current Training Details:

Height (m)	_____	Weight (kg)	_____
Resting Heart Rate:	_____		_____

<b><u>Running clients only</u></b>	<b>Max distance run before walking:</b>
Current Weekly Mileage (km/week): _____	_____
Last Race Distance & Time: _____	_____
Last Relaxed Run Distance & Time: _____	_____
Cross Training Activities: _____	_____
	_____
Make and Type of Running Shoes: _____	_____
	_____

### Goals:

#### Short Term:


#### Long Term:


Notes (official use):

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## Medical Details

<b>Have you ever or do you currently suffer from:</b>					
Elevated blood pressure	Y	N	Stroke/heart attack	Y	N
Elevated cholesterol level	Y	N	Angina	Y	N
Chest pain (with or without shortness of breath)				Y	N
Are you taking any medication? If yes specify below.				Y	N
Have you been under any treatment in the past 6 months? If yes Specify below.				Y	N
Have you had surgery in the past 24 months? If yes Specify below.				Y	N
Have you ever suffered from hernia?	Y	N	Do you suffer from diabetes?	Y	N
Do you suffer from arthritis?				Y	N
Do you suffer from (or in the past 6 months) any joint or muscle pain?				Y	N
Has your medical practitioner ever warned you against exercise?				Y	N
Are you pregnant (now or the past 3 months)?				Y	N
Are you a sedentary male over 35 years or a female over 45 years?				Y	N
Were you guided to exercise by a medical professional?				Y	N
Are you taking oral contraceptive?				Y	N
Do you suffer from hypoglycaemia? Low Blood Sugar				Y	N
Do you ever feel faint or suffer from dizzy spells?				Y	N
Have you ever suffered from respiratory problems (asthma etc.)				Y	N
Do you smoke?				Y	N

Is there anything that could be deemed relevant to your participation in an activity plan that you have not told us yet? If so please provide details:

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Medical practitioner/health-fitness professional's contact details (please state all - biokineticist, physiotherapist, dietician, chiropractor, doctor):

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<b>Any Notes about above questions:</b>

<b>Notes (official use):</b>

## Eating Habits

Do you eat breakfast?	Y	N
Do you eat lunch?	Y	N
Do you eat dinner?	Y	N
Do you have any other meals between the above?	Y	N
Do you crave "snacks" between eating times?	Y	N
Do you drink coffee or tea?	Y	N
Do you take sugar in them?	Y	N
Do you use butter/margarine on your bread?	Y	N
Do you cook with oil?	Y	N
Do you use salt in your cooking?	Y	N
Do you drink wine and/or beer?	Y	N
Do you have dressing with salad?	Y	N
Do you eat out regularly?	Y	N
Do you experience sudden mid-morning or mid-afternoon energy drops?	Y	N
Do you get regular headaches?	Y	N
Do you have trouble sleeping?	Y	N
Do you feel tired or sluggish after eating?	Y	N

How do you feel upon awakening?

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What type of fat or oil do you cook with?

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What type of milk do you use?

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What type of bread do you most often buy?

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What type and how much alcohol do you most often drink?

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What diet programs (if any) have you tried in the past?

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Notes (official use):