



Congratulations on your new challenge!

Your decision to participate in the Serotonin Running Beginner Runner program may be based on any number of reasons.

- To have fun
- To challenge yourself
- To improve their health
- To become fit • To join a social group
- Achieve a running goal
- To have a structured program to keep them motivated
- To combat depression

Whatever your reason, I'm glad you've joined us!

Running offers so many benefits, both physically and mentally.

- Improved cardio-vascular fitness
- Improved muscle and joint strength
- Weight loss
- Disease prevention, eg. diabetes
- Prevention of osteoporosis
- Stress reduction
- Social interaction

Running can also have its risks – injuries can occur, such as muscle sprains and connective tissue injuries. As you are at the start of your running journey, you can be susceptible to injuries as your muscles and connective tissues are doing work that they are not used to! That is why it is very important to start off slowly, in both speed and intensity. Equally important is the strength and stretching component of this program.

Our Beginner's program is aimed at gently introducing you to running, in a fun and supportive environment. The program is based on a run-walk methodology and incorporates strength and conditioning into the weekly program. It runs for ten weeks, with the final goal having you running for 30 minutes without walking.

HOW IS THE PROGRAM DELIVERED?

- Serotonin Running provides a 10 week program, delivered in weekly instalments via Final Surge coaching app. The program includes details on your running sessions, as well as stretch and strengthening exercises to be completed.
- The program comprises of three running and one strength session per week.

- The program package can be paid in full prior to commencing, or in fortnightly payments
- You will participate in one track session each week.

Details of session times are updated on our facebook page. These sessions are where you will be guided through your set program, with advice given to you by your coach, on running technique, breathing, correct exercise technique, injury prevention, and post-run recovery. You will also be part of a strong, supportive and motivating group of women who love to run!

PROGRAM PAMENT DETAILS

<p>PROGRAM AND GROUP TRAINING SESSIONS</p>	<ul style="list-style-type: none"> • 5 X fortnightly program, via Final Surge • Pre-exercise assessment and discussion with your coach, via email and phone • Access to one group training session per week 	<ul style="list-style-type: none"> • \$30/week • OR \$300 total payment • Additional group training sessions are \$10 each
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All you need to do is complete and return a pre-exercise questionnaire, pay for your program or fortnightly instalment and you are ready to run! Attached is the pre-exercise questionnaire with payment details below.

YOUR PROGRAM COMMENCES ON – Tuesday 12th October 2021 and runs for 10 weeks

BANK DEPOSIT DETAILS

Account name: Serotonin Running Pty Ltd

BSB: 812-170

Account number: 100744778 Please use your name as a reference.

I am so excited to begin this running journey with you!

Kind regards

Lyndal



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Level 1 Community Athletics Coach – Athletics Australia

Level 2 Advanced Recreational Running Coach – Athletics Australia

International Association of Athletics Federations Kids Athletics Coach – Athletics Australia

Serotonin Running PRE-ACTIVITY QUESTIONNAIRE

In preparation for physical activity, please tell us about all of your existing medical and physical conditions, and who to contact in an emergency. For any conditions that may be affected by exercise, you may be asked to consult your doctor and obtain a written medical clearance to exercise. The information contained in this questionnaire will be treated as confidential.

Please note that it is your responsibility to inform us of any changes in your medical or physical condition during your program with us.

Name:

Mobile:

Date of birth:

Today's date:

Emergency contact name:

Emergency contact mobile:

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS? (PLEASE CIRCLE YES OR NO)

Arthritis	Y	N	Heart problems/disease	Y	N
Asthma	Y	N	High Cholesterol	Y	N
Diabetes	Y	N	Stroke	Y	N
Epilepsy	Y	N	High or low blood pressure	Y	N
Osteoporosis	Y	N	Any other conditions? Please describe below		

Dizziness Y N

Chest pain Y N

DO YOU HAVE, OR HAVE YOU HAD, ANY JOINT PROBLEMS, PAINS OR INJURIES IN ANY OF THE FOLLOWING REGIONS?

Ankles/feet Y N Shoulders/neck Y N

Knees Y N Muscular pain Y N

Hips/pelvis Y N Other? Please describe below

Lower back Y N

ARE YOU CURRENTLY TAKING ANY MEDICATION/S? Y N Please list

ARE YOU, OR HAVE YOU RECENTLY (within 6 months) BEEN PREGNANT?

Y N Please give details

ARE YOU CURRENTLY EXERCISING?

Y What type?

How hard? Please tick

Easy/light

Moderate

Intense/hard

How many times per week?

N Have you in the past? Yes

No

If yes, what type?

DO YOU HAVE A REGULAR MENSTRUAL CYCLE?

Yes

Usually, how long is your cycle? _____

No

HAVE YOU GONE THROUGH MENOPAUSE?

Yes

No

I, (full name), undertake to complete a new pre-activity questionnaire in the event of any change in my medical status during this exercise program.

Signed: Date:

.....

Coach name: Date:

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Signed: