



## INTRODUCTION TO TRAIL RUNNING FOR WOMEN

Thanks for your interest in joining us for this fantastic running session.

What you'll learn about:

- single track running technique
- tackling stairs confidently and efficiently
- up-hill and down-hill running technique
- the gear that you may need for hitting the trails
- safety whilst out in the bush
- how to interpret a basic map to get you from A to B

WHERE: Bennett Ridge Camping Area, Euroka Clearing, Blue Mountains National Park, Glenbrook.

<https://www.nationalparks.nsw.gov.au/camping-and-accommodation/campgrounds/euroka-campground/visitor-info#Getting-there-and-parking>

WHEN: Friday 3rd May, 10 am to 12 noon  
Park gates open at 8.30 am

COST: \$50 per person.

Please note - this does not include the \$8 Park Entry Fee, which is payable upon entry to the park. Alternatively, you can purchase a NSW National Parks and Wildlife Annual Pass here

- <https://www.nationalparks.nsw.gov.au/visit-a-park/parks/glenbrook-area/visitor-info#Fees-and-passes>

To register, please complete and return this registration form to [lyndal@serotoninrunning.com.au](mailto:lyndal@serotoninrunning.com.au)

Payment details below.

### BANK DEPOSIT DETAILS

Account name: Serotonin Running Pty Ltd

BSB: 812-170

Account number: 100744778

Please use your name as a reference.

Kind regards

Lyndal Maloney



ABN: 90 610 983 607

P: 0428 003324

E: [lyndal@serotoninrunning.com.au](mailto:lyndal@serotoninrunning.com.au)

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

BOSTES Accredited teacher

## 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: .....

Telephone: ..... Date of birth: .....

Email: .....

Emergency contact name: .....

Telephone: .....

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

(Please circle high or low)

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 describe



ARE YOU, OR HAVE YOU RECENTLY 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?

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: .....

Signed: .....

PLEASE COMPLETE AND EMAIL TO [lyndal@serotoninrunning.com.au](mailto:lyndal@serotoninrunning.com.au)