



Welcome to your new challenge – the 2020 UTA 22 race.

Welcome to the Serotonin Running community, and the UTA Pace 22 16-week training program. The program is suitable for all runners who can comfortably run 5 km's. You will be given the program in fortnightly instalments, with each week consisting of a minimum of three runs, as well as a set of strength and mobility exercises to do. Your coach will also be able to offer advice and guidance on hydration, nutrition, equipment/mandatory gear and course knowledge.

The program commences on the 27th January, 2020.

HOW IS THE PROGRAM DELIVERED?

- Serotonin Running provides fortnightly written programs, delivered via Final Surge coaching app. Each fortnightly program includes details on your running sessions, as well as strength and stability exercises to be completed. The strength sessions have been developed in conjunction with Patrick and Georgia from The Physio Depot in Springwood, NSW.
- Feedback between athlete and coach can be given via Final Surge – so your coach can monitor your progress and advise of any necessary changes
- The program package can be paid in full prior to commencing, or in fortnightly payments
- You will also be part of a strong, supportive and motivating group of women who love to run!
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PROGRAM PAMENT DETAILS

PROGRAM AND GROUP TRAINING SESSIONS	<ul style="list-style-type: none">• 8 X fortnightly program, via Final Surge• Pre-exercise assessment and discussion with your coach, via email and phone• Free group training session at Tom Hunter Park if you are visiting the Blue Mountains	<ul style="list-style-type: none">• \$40/fortnight• OR \$320 total payment
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All you need to do is complete and return a pre-exercise questionnaire, pay for your program, and you are ready to run!

Attached is the pre-exercise questionnaire with 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.

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

Kind regards

Lyndal Maloney



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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

BOSTES Accredited teacher



PRE-ACTIVITY QUESTIONNAIRE – 2020 UTA 22 ONLINE ATHLETE

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?

What is your current total weekly running mileage, in km's and/or hours? How many times a week do you run?

WHAT ARE YOUR MAIN GOALS FOR PARTICIPATING IN THIS TRAINING PROGRAM? Eg to feel better, to complete the race in a goal time, to improve endurance, to lose weight, to have fun and run with friends, etc

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