ATHLETE INFORMATION

Complete all sections. Fields are touch-friendly for phone and tablet users.

Athlete Information

Full name

Address

Phone number

Age

Gender Select....

Email

Emergency Contact

Emergency contact name

Relationship

Emergency contact phone

Time Availability

Which days of the week do you work?

Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

How many days per week can you train? (pick one)

3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐

Occupation

Work pattern Full Time ☐ Part Time ☐

PREFERRED TRAINING DAYS

Tick all that apply and select your usual training window for each chosen day.

Monday

Time of day	AM ☐	PM ☐	Evening ☐	
Time available per session	45-60 ☐	60-75 ☐	75-90 ☐	90+ ☐

Tuesday

Time of day	AM ☐	PM ☐	Evening ☐	
Time available per session	45-60 ☐	60-75 ☐	75-90 ☐	90+ ☐

Wednesday

Time of day	AM ☐	PM ☐	Evening ☐	
Time available per session	45-60 ☐	60-75 ☐	75-90 ☐	90+ ☐

Thursday

Time of day	AM ☐	PM ☐	Evening ☐	
Time available per session	45-60 ☐	60-75 ☐	75-90 ☐	90+ ☐

Friday

Time of day	AM ☐	PM ☐	Evening ☐	
Time available per session	45-60 ☐	60-75 ☐	75-90 ☐	90+ ☐

Saturday

Time of day	AM ☐	PM ☐	Evening ☐	
Time available per session	45-60 ☐	60-75 ☐	75-90 ☐	90+ ☐

Sunday

Time of day	AM ☐	PM ☐	Evening ☐	
Time available per session	45-60 ☐	60-75 ☐	75-90 ☐	90+ ☐

GOALS AND RUNNING BACKGROUND

Use this page to describe your current training aims and recent running history.

Running Goals

Primary training focus: Select....

Specific performance goals:

Target race(s) and date(s):

Which distances do you regularly run:

Running Background

Years of consistent running: 1-3 ☐ 3-5 ☐ 5-10 ☐ 10+ ☐

Weekly Mileage:

Weekly "Long Run" Distance:

Peak Weekly Mileage (past 12 months):

What were you training for?

Longest Continuous Run (past 12 months):

What were you training for / racing?

Are you in a Running Club? YES ☐ NO ☐

Name of Running Club:

BEST RACE PERFORMANCES: (Last 12 months)

Where applicable

5K

Performance [hr:min:sec] **Date**

10K

Performance [hr:min:sec] **Date**

10 mile

Performance [hr:min:sec] **Date**

Half Marathon

Performance [hr:min:sec] **Date**

Marathon

Performance [hr:min:sec] **Date**

Other [Events / Races / Representation] and [Month / Year]

CROSS TRAINING AND FOOTWEAR

This helps shape total load, recovery, and shoe guidance.

Cross Training

Strength and conditioning sessions per week

0 ☐ 1 ☐ 2-3 ☐ 4+ ☐

What other physical activities do you engage in regularly?

Example: Social football - Tuesday training 1.5 hr / Saturday match 1.5 hr; Road biking -Thursday 45 miles

Running Shoes and Footwear

Have you had your running gait analysed? Yes ☐ No ☐

Primary training shoe(s)

Secondary / rotation shoes

Racing shoe(s)

Anything else your coach should know?

Photography, Video Consent & Signature

- [ ] I understand and agree that I may be photographed and/or video recorded during coaching sessions.
- [ ] I consent to photography / video recording for analysis of my running technique and performance.
- [ ] I consent to photography / video recording being used for educational purposes related to the running coach business.
- [ ] I acknowledge that such materials may be used in print, online, and on social media platforms.
- [ ] I understand that I will not receive compensation for the use of these images or recordings.
- [ ] I understand that I may withdraw my consent for future use at any time by providing written notice.
- [ ] I consent to photography / video recording being used for marketing and promotional purposes.

- [ ] I give permission for Davina Ellis Running Coach to access / follow my STRAVA feed

Signature

Date **Printed Name**

THANK YOU

EMAIL completed form direct to: davinaellisrunningcoach@gmail.com