

ATHLETE INFORMATION

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

Athlete Information

Date	<input type="text"/>		
Full name	<input type="text"/>		
Email	<input type="text"/>		
Phone number	<input type="text"/>		
Date of birth	<input type="text"/>	Age	<input type="text"/>
Gender	<input type="text"/>		

Emergency Contact

Emergency contact name	<input type="text"/>
Relationship	<input type="text"/>
Emergency contact phone	<input type="text"/>

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
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Occupation	<input type="text"/>
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Work pattern	<input type="radio"/> Full Time	<input type="radio"/> Part Time
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PREFERRED TRAINING DAYS

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

Monday	Available on this day				
Time of day	AM	PM	Evening		
Time available per session		45-60	60-75	75-90	90+

Tuesday	Available on this day				
Time of day	AM	PM	Evening		
Time available per session		45-60	60-75	75-90	90+

Wednesday	Available on this day				
Time of day	AM	PM	Evening		
Time available per session		45-60	60-75	75-90	90+

Thursday	Available on this day				
Time of day	AM	PM	Evening		
Time available per session		45-60	60-75	75-90	90+

Friday	Available on this day				
Time of day	AM	PM	Evening		
Time available per session		45-60	60-75	75-90	90+

Saturday	Available on this day				
Time of day	AM	PM	Evening		
Time available per session		45-60	60-75	75-90	90+

Sunday	Available on this day				
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

Specific performance goals

Target race(s) and date(s)

Running Background

Years of consistent running

1-3

3-5

5-10

10+

Typical current mileage (weekly)

Typical current long run distance (weekly)

Peak weekly mileage (past 12 months)

What were you training for?

Longest continuous run (past 12 months)

What were you training for / racing?

BEST RACE PERFORMANCES

Enter your best marks in hh:mm:ss where relevant, and include the month and year.

5K

Performance [hr:min:sec]

Month / Year

10K

Performance [hr:min:sec]

Month / Year

10 mile

Performance [hr:min:sec]

Month / Year

Half Marathon

Performance [hr:min:sec]

Month / Year

Marathon

Performance [hr:min:sec]

Month / Year

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.

Signature

Date

Printed Name

SUBMIT FORM

Or EMAIL completed form direct to: davinaellisrunningcoach@gmail.com