

Winter 2009/2010 Road Running Performance Clinic September 30th, October 21st or January 6th – April 14, 2010

WHEN

- Wednesday nights starting September 30th or October 21st or January 6th through to April 14, 2010.
Please note there will be no sessions held on December 16th, 23rd or 30th.
- Drop-in: on any of the above dates

WHERE

- Brockton Oval, Stanley Park

FOR

- Runners who wish to improve their running fitness level and their performance. Each runner will train in a small group with a run leader, under the direction of the clinic professional coach, John Hill.
- This clinic is for runners already comfortable at running 25 to 30 miles per week. Pace does not matter, whether you are a 5 minute miler or a 10 minute miler.

INCLUDES

- A formal interval training session every Wednesday night.
- An optional training session once a week may be arranged with the running group (day and time to be determined by the group).
- Personal consultation with John Hill.
- A day-to-day training schedule.
- Self monitoring weekly training diary.
- An atmosphere of running fun and camaraderie (groups are not competitive but mutually supportive).

John Hill is a member of the BC Athletics Hall of Fame and winner of the Vancouver International Marathon in 1978. PR: 2:18 for the marathon and 29.22 for 10 km (on the track).
Experienced and fully certified Level 2 coach of elite and recreational athletes
with a minor in Kinesiology.

ADMINISTERED

- By B.C. Athletics (333-3550).
- Register by fax (333-3551), by mail, or in person.
- BC Athletics, #120 – 3820 Cessna Dr., Richmond BC V7B 0A2

Winter 2009/2010 Road Running Performance Clinic and BC Athletics Membership Form

(September 30, 2009, October 21 2009 or January 6 2010 to April 14 2010)

Surname, Given name, Initial _____

Address: Street City Prov. Postal Code _____

Birthdate: _____ Age: _____ Male Female Res Ph _____ Bus Ph/Fax _____
MM / DD / YY

e-mail _____ Citizenship/ Country of Birth _____

BC Athletics Club affiliation _____

PROGRAMS OFFERED AND REGISTRATION FEES:

Note: Clinic registration (except drop-ins) includes a BC Athletics Training membership (includes liability insurance and an Annual Calendar of Events). Training memberships are not valid for entry in BC Athletics sanctioned events. For additional BC Athletics membership types please see Step 2.

Step 1 - Registration Fees:

- Long Program #1 (Sept to April) – 26 weeks - \$180 Registration Deadline September 29th..... _____
- Long Program #2 (Oct to April) – 23 weeks - \$160 Registration Deadline October 20th..... _____
- Short Program (Jan – April) 15 weeks - \$125 Registration Deadline January 5th _____
- Drop-in** - \$15 (includes liability) _____
- Late Registration Fee** -\$10 will be added to registrations received after the deadline..... _____

Program fees are refundable with a \$15 service charge up to the beginning of the third workout.

Step 2 - If you would like a BC Athletics membership valid for entry in BC Athletics sanctioned events:

- Adult Recreation Runner - Age 20+ for Road Running and Cross Country - Add \$25 _____
- Master Road & Trail Running - Age 40+ for Road Running, Cross Country - Add \$30 _____
- Senior - Age 20 to 39 - Competitive Track & Field, Road Running & Cross Country - Add \$80 _____
- Junior - Ages 18 & 19 - Competitive Track & Field, Road Running & Cross Country - Add \$70 _____
- Youth - Ages 16 & 17 - Competitive Track & Field, Road Running & Cross Country - Add \$60 _____

Step 3 - If you hold a 2010 BC Athletics membership indicate # and deduct \$10

BC Athletics membership number _____

Total Fee Enclosed _____ **+5% GST** _____ = _____

BC AMATEUR ATHLETICS ASSOCIATION SPORT SAFETY/ACKNOWLEDGEMENT OF RISK

The responsibility for Sport Safety must be shared by all. I, the undersigned, am aware that there is a certain risk of injury involved in my own or my child's participation in Sport: either while travelling to or from the event; or while attending or participating in the programs or activities of the events which are sanctioned/approved by BC Athletics, its' Divisions, its' Member Clubs or recognized organizing societies. It is understood by me that the signing of this document is intended to indicate that on behalf of myself and/or my child I assume the shared responsibility and acknowledge the risk of injury by so participating.

PERFORMANCE CLINIC WAIVER: I wish to proceed with participation in the "Road Running Performance Clinic." In agreeing to attend this clinic, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damage I may have against the B.C. Amateur Athletics Association, John Hill, their staff, their agents, representatives and successors and/or the premises of exercise supervision for any and all injuries that may be sustained by me participating in or travelling to and from the said exercise consultation/supervision sessions, or from following non-supervised instructions. I certify that I am cleared by my personal physician to participate in exercise training, and have no medical contraindications for supervised endurance exercise training.

BC Athletics Privacy Policy: By completing this registration form, you consent to the collection of this information and its use as per the BC Athletics Privacy Statement and Policy (see Identifying Purposes, Appendix II of the Draft Policy available at www.bcathletics.org). For more information, or to limit the release of information, contact the BC Athletics Privacy Officer, Sam Collier, at sam.collier@bcathletics.org.

Waivers Signature _____ Date _____
Payment by: VISA MC Cheque MO Cash Payable to BC Athletics

VISA/MC Number: _____ Amount: \$ _____ Expiry Date: _____

Cardholder: _____

RUNNING STATS:

Please complete the information below as best you can. Approximate times if necessary. This information will be used to prepare your preliminary training schedule and to determine your running group.

Name _____

1. Times Best/Date Most Recent/Date

Race:	Best time / Date	Most recent time / Date
5 km		
8 km		
10 km		
20 km		
1/2 Marathon		
Marathon		

2. Marathon Clinic experience or its equivalent (when, where, dates) _____ .

3. How many years have you been running? _____

4. Have you ever done interval training and/or speed work? _____
If yes, explain: _____ .

5. What is your goal for the next four months (event, distance and time)? _____

6. What is your longer term goal for a time and distance? _____

7. Have you ever been diagnosed for iron deficiency? _____ When? _____

8. Describe any history of running injury in the past year _____ .