

# Winter 2011/2012 Road Running Performance Clinic

## WHEN

- Tuesday nights starting at 6:00pm, beginning:

October 4, 2011 through to April 24, 2012 (**Long Program** - 26 weeks)

NOTE: for the Long Program there will be no session Dec. 6, 13, 20 and 27

January 3, 2012 through to April 24, 2012 (**Short Program** – 17 weeks)

- 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.
- These clinic is for runners already comfortable at running 20 to 25 miles (30 – 50 km) 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 Tuesday 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 BC ATHLETICS

- B.C. Athletics (604) 333-3550
- Register by fax (604) 333-3551, by mail, or in person.
- BC Athletics, #120 – 3820 Cessna Dr., Richmond BC V7B 0A2

# Winter 2011/2012 Road Running Performance Clinic and BC Athletics Membership Form

**REGISTRATION DEADLINES – As noted**

Surname, Given name, Initial \_\_\_\_\_

Address: Street City Prov. Postal Code \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
MM / DD/ YY

Citizenship \_\_\_\_\_

Country of Birth \_\_\_\_\_

Res. Phone \_\_\_\_\_

Bus. Phone Fax \_\_\_\_\_

e-mail \_\_\_\_\_

\_\_\_\_\_ or  Unattached

BC Athletics Club affiliation \_\_\_\_\_

**PROGRAMS OFFERED AND REGISTRATION FEES:**

**Note:** Clinic registration (except drop-ins) includes a BC Athletics Training membership (includes accident/injury & liability insurance). Training memberships are not valid for entry in BC Athletics sanctioned events. For additional BC Athletics membership types please see Step 2. Program fees are refundable with a \$15 service charge up to the beginning of the third workout.

**Step 1 - Registration Fees:**

- Long Program Fee** - registration deadline Oct 4 2011 - \$195 .....
- Short Program Fee** - registration deadline Jan 2 2012 - \$150 .....
- Drop-in** - \$15 (includes accident/Injury & liability) .....
- Late Registration Fee** – Received after noted deadlines - add \$10 .....

**Step 2 - If you would like a competitive BC Athletics membership valid for entry in BC Athletics sanctioned events. Note: For renewing members the membership will be effective as of January 1, 2012:**

- Road & Trail Runner** - Age 20+ as of 12/31/2012  
for Road Running and Cross Country - Add \$25 .....
- Junior Road & Trail Runner** - Age 18 & 19 as of 12/31/2012  
for Road Running and Cross Country - Add \$20 .....
- Master** - Age 35+ as of 12/31/2012  
For Road Running, Cross Country and Track & Field – Add \$35.....
- Senior** - Age 20+ as of 12/31/2012  
Competitive Track & Field, Road Running & Cross Country - Add \$65 .....
- Junior** - Ages 18 & 19 as of 12/31/2012  
Competitive Track & Field, Road Running & Cross Country - Add \$65 .....
- Youth** - Ages 16 & 17 as of 12/31/2012  
Competitive Track & Field, Road Running & Cross Country - Add \$65 .....

**Sub-Total** .....

**HST** .(12%).....

**TOTAL PAYMENT** .....

**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.

Signature acknowledging the above Waivers \_\_\_\_\_

Date \_\_\_\_\_

Payment Information (make payable to BC Athletics)

VISA

MC

Cheque (payable to BC Athletics)

MO

Cash

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 20 km: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8 km: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 1/2 Marathon: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

10 km: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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