

**Triathlon Community College Program
(aka Tri CC)**

Note: Fleet Feet Sports advises that you consult with a physician before beginning any exercise program.

The Tri CC Program is a Fleet Feet Sports Program for those individuals who have always wanted to do a triathlon but didn't know how to start or has done a tri and want more knowledge. The Program is created and coached by Fleet Feet Sports owners and long time multisport athletes, Ellen Brenner, along with long time triathlete and swimmer, Andrew Baxter. Other coaches include: Mike Baxter, long time triathlete, runner and swimmer and Fleet Feet Team Members: Frank Quattrone, Jim Roche, Jim McLaughlin & Brian Lane.

FREE Tri CC Info Session – Wednesday, May 4th at 6PM at Fleet Feet Sports.

You do not need to attend this Info Session to join the program.

The Triathlon Community College Program will include:

(please note it is NOT a requirement of the program to make every group activity. If you are unable to make it don't worry, you can still do the workouts on your own)

- ◆ An 11 week workout program, with the goal of being able to participate in a triathlon by end of July. The program will begin Monday, May 9th.
 - The 11 week program breaks down week by week, what you would do to progress to your destination of a sprint triathlon
 - We have revamped the program to add more group swim, bike and run workouts
 - Each week you will be receiving an e-mail from me on various topics with respect to your training and the program.
- ◆ **Orientation 101 & Kickoff – Monday, May 9th at 6PM.** Here you will learn about triathlon overall. Such as, what it is, the differences between different events/races, terminology, etiquette, things you'll need such as equipment and more.
- ◆ **Swim Workouts - COACHED**
 - These workouts are coached and will be one of your swim workouts for the week. We have added more sessions to truly help prepare you for the swim portion of the tri. We will also review wetsuits during some of these workouts
 - **6 Pool Workouts** at [Harro East](#) - 400 Andrews St, Rochester, NY.
 - **Dates:**
 - **Thurs., May 12th** - Advanced (6-7:30PM), Beginner(7:30-9PM)
 - **Tues., May 17th** - Beginner (6-7:30PM), Advanced (7:30-9PM)
 - **Thurs., May 26th** - Advanced (6-7:30PM), Beginner(7:30-9PM)
 - **Tues., May 31st** - Beginner (6-7:30PM), Advanced (7:30-9PM)
 - **Thurs., June 9th** - Advanced (6-7:30PM), Beginner(7:30-9PM)
 - **Tues., June 14th** - Beginner (6-7:30PM), Advanced (7:30-9PM)
 - The advanced and beginner categories will be determined based on the "baseline" swim on May 12th. We predetermine your category by how you fill out the form.
 - **3 Open Water Swim Workouts** - Locale TBD - **COACHED**
 - **Dates:** All at 6PM - **Thurs., June 30th, Tues., July 5th, Thurs., July 14th**
- ◆ **Bike/Run Workouts - COACHED**
 - These workouts will be a mixture of brick style workouts with coaches to guide and help you. These will also be considered as one of your workouts that week.
 - **3 Bike/Run Brick Workouts** - Locales: TBD – Dates: All at 6PM - **Thurs., June 2nd, Thurs., June 23rd, Tues., June 28th - 6PM**
- ◆ A Fleet Feet Technical Top
- ◆ Group Training Opportunities - see above
- ◆ A coupon booklet for footwear, tri gear, wetsuits etc... valued at over \$75

**This program is valued at over \$600, but your fee is only \$165 until May 9th and increases to \$180 May 10th – May 16th.
No registrations are accepted after May 16th.**

To register: Fill out the Health evaluation and Waiver. You can mail it in with check to Payable to Fleet Feet Sports. Or register inside Fleet Feet Sports by check, cash or charge. Or register via active.com from the website. There is a processing fee for online registration. It is best to have the form back before the May 9th Orientation, so not to pay the increased fee. You must be registered before you can attend any workshop, including Orientation. No refunds after May 20th, 2011.

Date Pd. _____ Amt Pd. _____ Method Pd. _____ Initials _____ Rec'd Coupon _____

Health Evaluation Form

This form is intended to obtain necessary information about your health that will assist the Fitness Professional in helping you design a program appropriate to your needs. For most people, physical activity should not pose a problem. However, for some individuals physical activity might be inappropriate. Some participants may also need medical clearance so please be sure to get medical approval before you begin.

Name _____ Birth Date _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Age _____

E-mail (REQUIRED): _____

Gender: M F (circle one) Height _____ Weight _____

Shirt Size (these are gender specific technical tops): S M L XL

How did you hear about the program? _____ Fleet Feet Newsletter _____ Fleet Feet Website _____ Friend/Family Member
_____ In-Store Visit Other _____

EMERGENCY CONTACT INFORMATION (Please list a family member of close friend whom we may contact in case of emergency)

Name _____ Phone(s) _____ Relationship _____

BLOOD PRESSURE

Do you have high blood pressure? Y N
Have you ever had high blood pressure in the past? Y N
Are you currently on medication for high blood pressure? Y N

SMOKING

Do you smoke? Y N Are you a former smoker? Y N Date Quit? _____

HEART AND CIRCULATORY PROBLEMS

Have any of your blood relatives had heart or circulatory disease, heart surgery or angina? Y N

If yes, please give details: _____

Have you ever been told by a doctor that you have heart problems, circulatory problems, high cholesterol or triglycerides? Y N

If yes please indicate specific history below and give dates:

Heart Attack Date: _____ Cardiac Pacemaker Date: _____

Heart Bypass Date: _____ Angina Date: _____

Coronary Balloon Angioplasty Date: _____ Irregular Heart Rhythms Date: _____

Stroke Date: _____ Rheumatic Heart Disease Date: _____

High Triglycerides Date: _____ Heart Murmurs Date: _____

High Cholesterol Date: _____ Number? _____

Other: _____

Date Pd. _____ Amt Pd. _____ Method Pd. _____ Initials _____ Rec'd Coupon _____

What do you want to know

In order to make the workshops as valuable as possible, please list the types of topics/questions you want answered during your Tri CC Participation.

Swim Topics:

Bike Topics:

Run Topics:

Miscellaneous Topics:

Date Pd. _____ Amt Pd. _____ Method Pd. _____ Initials _____ Rec'd Coupon _____

GENERAL STATEMENT RE: PHYSICAL EXERCISE & FLEET FEET SPORTS

I understand that my decision to engage in physical exercise with Fleet Feet Sports/Ellen Brenner and David Boutillier, along with special guest instructors/coaches may include exercises, facilities and/or equipment designed to improve muscular strength and cardiovascular endurance.

Description of Potential Risks associated with Physical Exercise

I understand that the reaction of the heart, lung, and blood vessel system to physical exercise cannot be predicted with accuracy. I understand that there is a risk with certain **abnormal** changes during or following physical activity. These changes may include, but are not limited to abnormal changes in blood pressure, heart rate, ineffective functioning of the heart, and in rare cases a heart attack (cardiac arrest, or possibly death). Use of weight resistive equipment or engaging in heavy body calisthenics can lead to musculoskeletal strains, pain or injury. I understand that a stretching program with a warm up period before and a cool down period after engaging in physical exercise can reduce the risk of pain and injury. Information regarding warm-up, cool down and stretching exercises will be provided to me by an instructor during my scheduled orientation.

Responsibility of Client

I have completed the medical history profile and understand that I must disclose all of my physical and medical conditions, limitations and sensitivities. I understand that Ellen Brenner/David Boutillier/coaches reserves the right to request permission from my physician if it is determined I may be at a high risk for injury or medical complications. I understand that it is up to me to request instruction for a particular machine or exercise if I am unsure of its operation or purpose.

Emergency Care

I understand that I must inform Ellen Brenner, David Boutillier and special guest instructors/coaches immediately if I experience any problems while working with her or under her workout instruction. I understand that Ellen Brenner and David Boutillier and special guest instructors are not medical professionals in their suggestions or opinions must not be considered medical advice. Any information imparted to me should be discussed with a health care professional. IN the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

Release of Liability Statement

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction. I understand that I am free to deny answers to specific items or questions during interviews or when filling out questionnaires, and to decline to participate in any recommended activity. The information which is obtained will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed verbal or written consent. I agree that all instruction in use of equipment or exercises shall be undertaken at my own risk and I further agree that I am physically and mentally able to undertake any and all instructions provided. I certify that this program is undertaken at my sole choice and risk. I understand there are no refunds after May 20th!

Name (print) _____

Signature _____ Date _____