

I Know A Guy Racing
447 W. Country Estates Ave.
Gilbert, AZ 85233
602-697-9448
www.iknowaguyracing.com

Get To Know You Form

Name _____

Street _____

City _____ **State** _____ **Zip** _____

Phone _____ **Cell** _____

Email _____

DOB _____ **Age:** _____ **M / F** _____ **Date** _____

Emergency Contact:

Name: _____ **Relationship:** _____

Phone _____ **Physician Name:** _____

Physician's Phone _____

General Exercise History I Know A Guy Racing

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General Exercise History:

Name _____ Date _____

1. Please rate your exercise level on a scale of 1 – 5 (5 indicating very strenuous) for each age range through your present age:

15-20 _____ 21-30 _____ 31-40 _____ 41-50+ _____

2. Were you a high school and/or college athlete?

Yes _____ No _____ If yes, please explain: _____

3. Do you have any negative feelings toward or have you had any bad experience with physical activity programs?

Yes _____ No _____

If yes, please explain _____

4. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest). Circle the number that applies the most.

Characterize your present athletic ability:

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity:

1 2 3 4 5

Characterize your present muscular capacity:

1 2 3 4 5

Characterize your present flexibility capacity:

1 2 3 4 5

6. Do you start exercise programs but then find yourself unable to stick to them?

Yes _____ No _____

7. How much are you willing to devote to an exercise program?

minutes/day _____ days/week _____

8. Are you currently involved in regular endurance (cardiovascular) exercise?

Yes _____ No _____ If yes, specify the type of exercise _____

Rate your perception of the exertion of your exercise program (circle the number):

(1) Light (2) Fairly light (3) Somewhat hard (4) Hard

9. How long have you been exercising regularly?

_____ months _____ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months _____

In the past 5 years _____

11. Can you exercise during your workday?

Yes _____ No _____

12. Would an exercise program interfere with your job?

Yes _____ No _____

13. Would an exercise program benefit your job?

Yes _____ No _____

14. By how much would you like to change your current weight?

(+) _____ lbs (-) _____ lbs (keep in mind as muscle weighs more than fat so as you exercise you gain in muscle mass so your fitness may not be reflected on the scale.)

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Medical Information:

Name _____

Phone _____ **Cell** _____

Physician's Phone _____

DOB _____ **M / F** _____ **Date** _____

Emergency Contact:

Name: _____ **Relationship:** _____

Phone _____ **Physician Name:** _____

History of any heart conditions or chest pain?	Yes _____	No _____
History of high or increase of blood pressure?	Yes _____	No _____
History of high resting heart rate?	Yes _____	No _____
Family history of heart problems?	Yes _____	No _____
Diabetic?	Yes _____	No _____
Asthma?	Yes _____	No _____
Stroke?	Yes _____	No _____
Thyroid condition	Yes _____	No _____
Chronic illness or condition	Yes _____	No _____
More than 20 lbs above ideal weight	Yes _____	No _____
Difficulty with physical exercise	Yes _____	No _____
Advice from a physician not to exercise	Yes _____	No _____
Surgery in the last 12 months	Yes _____	No _____
Pregnancy now or in the last 3 months	Yes _____	No _____
History of breathing, lung problems	Yes _____	No _____
Current or recent cigarette smoker	Yes _____	No _____
Muscle, Joint, Back or injury or disorder	Yes _____	No _____
Any previous injury still bothering you	Yes _____	No _____
Conditions aggravated by weight lifting (hernia etc.)	Yes _____	No _____
High Cholesterol	Yes _____	No _____
Currently taking medications or drugs	Yes _____	No _____
Does your physician know you are in this program?	Yes _____	No _____

If you answered "Yes" to any of the above or have any other conditions that we should be aware of PLEASE explain below:

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Training Information:

Summary of last 8 weeks of training:

Current Training:

Sun. _____
Mon. _____
Tue. _____
Wed. _____

Thur. _____
Fri. _____
Sat. _____

Normal work day week:

Sun. _____
Mon. _____
Tue. _____
Wed. _____

Thur. _____
Fri. _____
Sat. _____

In the last 2 years:

Best time:

_____ 5K _____ 10K _____ 1/2 Marathon _____ Marathon

Timed Mile on the track:(4 laps) _____

How old are the shoes you work-out in: _____

Male _____ Female _____ RHR _____ bpm

Blood Pressure _____ / _____ Body fat _____ %

Height _____ ft/in

Weight _____ pounds

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Goal Information

Goal for first 21 days of this program:

**Goal for race, time/ distance:
Minute/Mile Pace**

Goal for after the race above:

GOALS:

1. _____

2. _____

3. _____

I Know a Guy Racing

Mail Completed Form to:
I Know a Guy Racing, Attn. Josh Trask
447 West Country Estates
Gilbert, AZ 85233
602-697-9448
www.iknowaguyracing.com

Registration Form

Name _____

Address: _____

City, State, Zip

Phone _____

E-mail: _____

Date of birth: ____/____/____ Age: ____ M / F

Release Form (Mandatory)

All applications must be signed to enter this training program, I KNOW A GUY. In consideration of your accepting this release form, I, undersigned intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all right and claims for damages I have against I KNOW A GUY, and anyone associated with this training program, their representatives, successors and assigns for any and all injuries suffered by me in said training program. By signing below I hereby acknowledge that I have carefully read and understand completely the above agreement. I further acknowledge that this document has been verbally explained to me. My signature below certifies that I agree to be bound by the following conditions before, while and after participating in any of I KNOW A GUY programs. No refunds- but payment pays until you accomplish your marathon or half marathon!

X _____

Date:

Signature of Participant

Payment: Check Number: _____

Shirt Size: Sm- Med- Large- Ex-Large

Shoe size: _____