



Congratulations on your new challenge, and welcome to Serotonin Running.

Your decision to participate in the Serotonin Running Beginner Runner program may be based on any number of reasons.

- To have fun
- To challenge yourself
- To improve their health
- To join a social group
- Achieve a running goal
- To have a structured program to keep them motivated
- To combat depression

Whatever your reason, I'm glad you've joined us!

Running offers so many benefits, both physically and mentally.

- Improved cardio-vascular fitness
- Improved muscle and joint strength
- Weight management
- Maintaining better health to contribute to disease prevention
- Stress reduction
- Social interaction

Running can also have its risks – injuries can occur, such as muscle sprains and connective tissue injuries. As you are at the start of your running journey, you can be susceptible to injuries as your muscles and connective tissues are doing work that they are not used to! That is why it is very important to start off slowly, in both speed and intensity. Equally important is the strength and recovery components of this program.

Our Beginner's program is aimed at gently introducing you to running, in a fun and supportive environment. The program is based on a run-walk methodology and incorporates strength and conditioning into the weekly program. It runs for ten weeks, with the final goal having you running for 20 to 40 minutes without walking. We offer two levels for this program, all dependent on your current level of fitness and movement history. 😊

HOW IS THE PROGRAM DELIVERED?

- Serotonin Running provides a 10 week program, delivered in weekly instalments via Final Surge coaching app. The program includes detailed run session descriptions as well as a Beginner Strength program developed in conjunction with The Physio Depot team.

<https://www.thephysiodepot.com.au/> You will also have access to and be guided by your very

experienced coach Lyndal. She will help keep you on track, and make adjustments to your program to suit your progress.

- The program comprises of two to three running and one to two strength session per week.
- The program package can be paid in full prior to commencing, or in fortnightly payments
- You will participate in one group training session each week, either Tuesday 6 am, Tuesday 6.30 pm, or Thursday 6 am.

Details of session times are updated on our Facebook page. These sessions are where you will be guided through your set program, with advice given to you by your coach, on running technique, breathing, correct exercise technique, injury prevention, and post-run recovery. You will also be part of a strong, supportive and motivating group of women who love to run!

PROGRAM PAMENT DETAILS

PROGRAM AND GROUP TRAINING SESSIONS	<ul style="list-style-type: none">• 5 X fortnightly program, via Final Surge• Pre-exercise assessment and discussion with your coach, via email and phone• Access to one group training session per week	<ul style="list-style-type: none">• \$40/week• OR \$400 total payment
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All you need to do is complete and return a pre-exercise questionnaire, pay for your program or fortnightly instalment and you are ready to run! Attached is the pre-exercise questionnaire with payment details below.

YOUR PROGRAM COMMENCES ON – Monday April 29th, 2024

BANK DEPOSIT DETAILS

Account name: Serotonin Running Pty Ltd

BSB: 812-170

Account number: 100744778 Please use your name as a reference.

I am so excited to begin this running journey with you!

Kind regards

Lyndal



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Level 1 Community Athletics Coach – Athletics Australia

Level 2 Advanced Recreational Running Coach – Athletics Australia

International Association of Athletics Federations Kids Athletics Coach – Athletics Australia

Serotonin Running PRE-ACTIVITY QUESTIONNAIRE

In preparation for physical activity, please tell us about all of your existing medical and physical conditions, and who to contact in an emergency. For any conditions that may be affected by exercise, you may be asked to consult your doctor and obtain a written medical clearance to exercise. The information contained in this questionnaire will be treated as confidential.

Please note that it is your responsibility to inform us of any changes in your medical or physical condition during your program with us.

Name: Telephone:

Date of birth:

Emergency contact name: Telephone:

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS? (PLEASE CIRCLE YES OR NO)

Arthritis	Y	N	Heart problems/disease	Y	N
Asthma	Y	N	High Cholesterol	Y	N
Diabetes	Y	N	Stroke	Y	N
Epilepsy (circle high or low)	Y	N	High or low blood pressure	Y	N (Please
Osteoporosis	Y	N	Any other conditions? Please describe below		
Dizziness	Y	N			
Chest pain	Y	N			

DO YOU HAVE, OR HAVE YOU HAD, ANY JOINT PROBLEMS, PAINS OR INJURIES IN ANY OF THE FOLLOWING REGIONS?

Ankles/feet	Y	N	Shoulders/neck	Y	N
Knees	Y	N	Muscular pain	Y	N
Hips/pelvis	Y	N	Other? Please describe below		
Lower back	Y	N			

ARE YOU CURRENTLY TAKING ANY MEDICATION/S?

Y N Please list

ARE YOU, OR HAVE YOU RECENTLY BEEN PREGNANT?

Y N Please give details

HAVE YOU BEEN DIAGNOSED AS NEURODIVERGENT OR SUSPECT THAT YOU ARE NEURODIVERGENT?

HAVE YOU TESTED POSITIVE TO COVID-19 IN THE LAST 6 WEEKS? If so, please provide date that you became ill –

Your coach will ask you about your recovery as this will influence training and load.

ARE YOU CURRENTLY EXERCISING?

Y What type?

How hard? Please tick Intense/hard Easy/light Moderate

How many times per week?

N Have you in the past? Yes No

If yes, what type?

DO YOU HAVE A REGULAR MENSTRUAL CYCLE? Yes No

Usually, how long is your cycle? _____

HAVE YOU GONE THROUGH MENOPAUSE? Yes No

I, (full name), undertake to complete a new pre-activity questionnaire in the event of any change in my medical status during this exercise program.

Signed:

Date:

Coach name:

Date:

Signed: