



# *Fearnleys running group*

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ATHLETE NAME:	
PARENTS NAMES:	
STREET ADDRESS:	
SUBURB/CITY:	STATE:
POSTCODE:	COUNTRY:
PHONE:	
MOBILE:	BIRTHDAY:
EMAIL:	
PREFERRED EVENTS: 400m 800m 1500m 3000m Cross Country	
BEST TIMES:	
COMMITMENTS (training hours per week) INCLUDING OTHER SPORTS	
SUNDAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
<u>GOALS:</u>	
MONTH	
QUARTER	
YEAR	
ULTIMATE	
MEDICAL CONDITIONS (if any) WE SHOULD BE AWARE OF Eg. muscular, skeletal, psychological, etc.	