Air Academy High School Cross Country

Personal Questionnaire and Goal Sheet

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_Yr. in school\_\_\_\_\_\_\_\_

Please describe your running history (Organized/Competitive, Recreational, Trail, Road, etc…). Indicate as well the number of years or length of time that you have consistently run:

Give careful thought to each question below and be as accurate as possible as this will help me determine volumes and levels of your training.

How many miles per week did you average this past Summer?\_\_\_\_\_\_\_\_\_\_\_\_

What was your highest mileage week this past Summer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your longest run this past Summer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many miles per week did you average last XC season?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your highest mileage week last XC season?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5K PR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all known Track PR’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any previous injuries or conditions that have caused issues in your training in the past:

What is your favorite type of workout? (Long run, Intervals, etc…)

2016-2017 Goal Sheet

List 3 goals for this Season:

List 3 Long Term Goals: