



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# **Flyers Track Club Individual & Small Group Coaching**

Return Completed Packet to Will Smith  
(908-233-2700x271, [wsmith@westfieldynj.org](mailto:wsmith@westfieldynj.org))

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**Flyers Track Club • [yflyerstrackclub.com](http://yflyerstrackclub.com)  
Westfield Area Y, 220 Clark Street, Westfield, NJ 07090  
908-233-2700 • [westfieldynj.org](http://westfieldynj.org)**

## FLYERS TRACK CLUB INDIVIDUAL & SMALL GROUP COACHING

CONGRATULATIONS, you have just taken another step toward improving an athlete's health and performance. Each individual & small group coaching session will be packed with education, training and skill development designed to meet the athlete's needs. Please read the following to ensure the success of the athlete's coaching sessions.

### PROCEDURES

1. Please fill out all sections of this packet before returning it to the attention of Will Smith, Assistant Director of Physical Programs (908-233-2700x271). Please keep this page of the packet because it contains important information for you to be aware of.
2. Please pay for the individual/small group sessions in person at the Main Y or online. Sessions must be purchased before the start of the program. Once you sign up for the lessons, email Will Smith at [wsmith@westfielddynj.org](mailto:wsmith@westfielddynj.org) to set up your first training session with a coach.
3. If the athlete is part of small group training, each athlete must complete the following pages.
4. Please fill out the following forms as completely as possible.
5. One of our Flyers coaches will then call the parent to set up the first appointment to go over the athletes goals and get them started.

### GUIDELINES

1. If the client would like to continue sessions with a coach after the initial sessions have been redeemed, they must purchase more sessions at the Main Y.
2. All clients will work with a Flyers USATF-certified coach.
3. All paperwork must be completed prior to first session.
4. All payments are due prior to the start of training.
5. In the event that the client cannot meet for a scheduled session, a **24-hour advance notice must be given to the Flyers Coach**, otherwise the client will be charged for the session. **Athletes are NOT allowed to communicate directly with the coach.** If a Flyers Coach cannot meet for a scheduled session, a **24-hour notice will be give to the parent of the athlete.**
6. Flyers coaches will wait up to 15 minutes past the scheduled session time for an athlete. If the athlete does not call/show past by this time period, a session will be counted.
7. Packages of five personal training sessions must be used to completion within 3 months of the date of purchase. Packages of ten personal training sessions must be used to completion within 6 months of the date of purchase.
8. All communication will be handled between the coach and the parent, NOT the coach/athlete.
9. Parents are required to be present at the facility for the entire session of an individual session. At least one parent must stay the entire time of a small group session. Drop-off is NOT allowed. Waiting in the car is not allowed. The coach must be able to see the parent the entire lesson and the same for the parent being able to see the coach.

In case of emergencies only, exceptions can be made as agreed upon between the parent and the coach.

**FLYERS TRACK CLUB  
INDIVIDUAL & SMALL GROUP COACHING  
Questionnaire/Goals**

Athlete Name: \_\_\_\_\_

Athlete's Date of Birth: \_\_\_\_\_ Athlete's Age: \_\_\_\_\_

Parent/Guardian Main Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This questionnaire will help your coach to understand the athlete's fitness goals.

1. What time of day and day of the week is the athlete available to work with a coach? Give as many options as possible. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What types of event(s) does the athlete want to focus on? \_\_\_\_\_  
\_\_\_\_\_

3. What are the athlete's goals related to these events? \_\_\_\_\_  
\_\_\_\_\_

4. Does the athlete do fitness activities outside of track and field? Yes \_\_\_ No \_\_\_ If yes, briefly describe these activities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is there anything else you would like us to know that will help us to customize the athlete's coaching sessions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FLYERS TRACK CLUB  
INDIVIDUAL & SMALL GROUP COACHING  
Health Information**

This form is intended to obtain relevant information about the athlete's health that will assist in conducting the individual program design. Information will be confidential and only shared with the athlete's coach. Please answer all questions to the best of your knowledge.

Does the athlete suffer from asthma? No \_\_\_ Yes \_\_\_ If yes, how many years? \_\_\_\_\_

Is the athlete allergic to bee stings? No \_\_\_ Yes \_\_\_ Comments: \_\_\_\_\_

Does the athlete use an EpiPen? No \_\_\_ Yes \_\_\_ Comments: \_\_\_\_\_

Does the athlete have diabetes? No \_\_\_ Yes \_\_\_ If yes, how many years? \_\_\_\_\_

Does the athlete take insulin injections? No \_\_\_ Yes \_\_\_ Comments: \_\_\_\_\_

Does the athlete have any personal history of heart disease? No \_\_\_ Yes \_\_\_ Comments: \_\_\_\_\_

Are there any other health concerns or issues we should know about? If there are any medications the athlete is taking, please list them \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the athlete had any surgeries in the past 12 months? No \_\_\_ Yes \_\_\_ If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian (if athlete is under 18)      Date