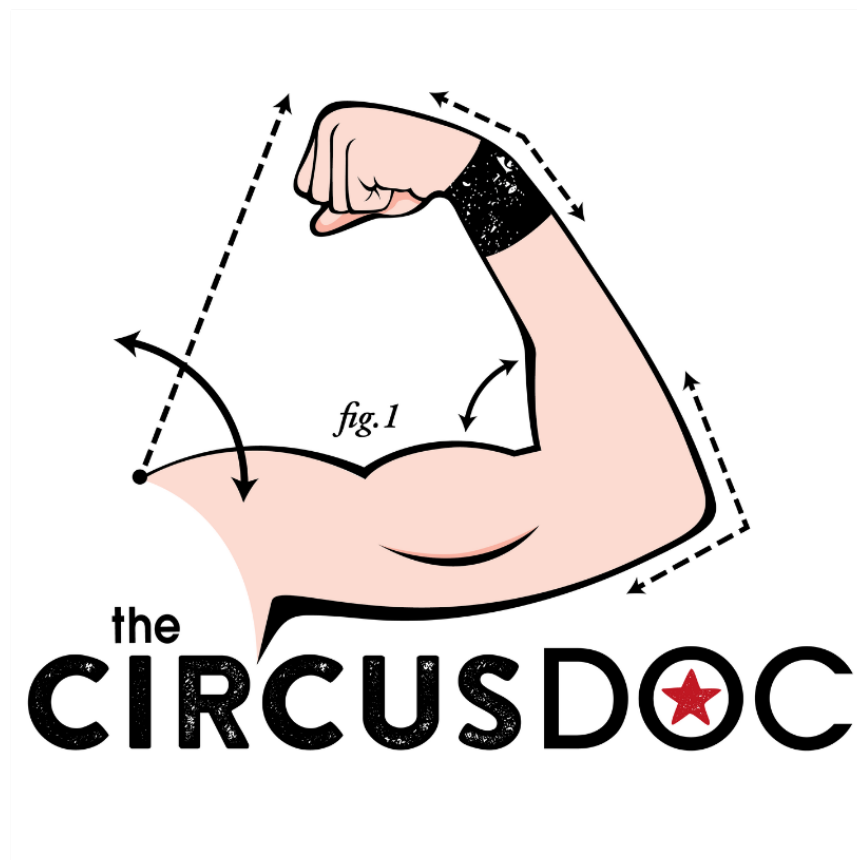


TRAINING LOG



USING THIS TRAINING LOG

Overall Training Goals

What are your training goals? Grand goals are excellent motivators, but can be overwhelming. State your overall, Long Term goal, and then use the Medium Term and Short Term sections to deconstruct that long term goal into accessible, achievable chunks.

Fill out a Training Sheet each time you train. Before and after each session, evaluate how you are feeling.

Record what skills you were working on so you can track your progress.

Use the Training Notes section for other elements that might be important, such as the time of day you were training, who you were training with, or other elements that might affect how you feel about your practice.

Pre-Training Self Assessment

- **Do I Have Pain:** If you are having pain, consult a healthcare professional.
- **Soreness:** Rate how sore you feel. Soreness is an indicator that you need to decrease your training volume and ramp up more slowly. No soreness? Add in that new skill or stay on your apparatus a bit longer. If you are sore after your training you probably pushed a bit too hard, and a lot too hard if it lingers longer or is more intense than normal.
- **Fatigue:** Take into consideration your body fatigue from any previous exercise.
- **Sleep Quality:** How well you slept (or if you didn't get enough sleep) can have a direct effect on your training.
- **Emotional State:** Take into account how excited you are to train, whether you have any fear about returning to training, emotional stressors from outside the circus world, or anything else that is affecting how you feel.

Post-Training Self Assessment

- **Do I Have Pain:** Pain with training is not normal; if you've developed pain from your training session, consult a healthcare professional.
- **Training Intensity:** Rate how physically strenuous the skills were for that session, rather than the difficulty of the skills are that you are training.
- **Fatigue:** Rate how you feel just after doing the movement required for your training, rather than how you felt during the execution.

OVERALL TRAINING GOALS

Long Term

Medium Term

Short Term

TRAINING SHEET

Date: _____

Training Duration: _____ Hours

Pre-Training

Do I Have Pain?	Y	N									
Soreness	0	1	2	3	4	5	6	7	8	9	10
Where											
Fatigue	0	1	2	3	4	5	6	7	8	9	10
Sleep Quality	0	1	2	3	4	5	6	7	8	9	10
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Skills Trained

Post-Training

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