

**The Daily SEVEN Fitness Challenge
Participant Registration Form**

Gather the following information from your participant prior to starting to complete the assessment.

School: _____

Community: _____

Name: _____ Tel: _____

Age: _____ Date of Assessment: _____

Do you have any chronic illnesses?

Do you have any injuries?

Do you have any conditions that may affect your performance today?

Do you participate in regular physical exercise/activity?

How often?

In what kinds of activities do you regularly participate?

How comfortable do you feel participating in physical activity?

Are you happy with your current body weight and shape?

Sports played?
