

Participant Information			
Name:		Address:	
Student Number:		City:	
Gender:	Female	Male	State: Zip:
Birth Date:		Phone Number (home)	
Age:		Cell Number	
		E-mail	
Assessment Tests	Date	Date	Date
Height			
Weight			
Ambient Heart Rate			
Push ups			
Curl Ups			
Flexibility: Right Shoulder			
Flexibility: Left Shoulder			
Flexibility Right Sit-n-Reach			
Flexibility Left Sit-n-Rich			
Trunk Lift			
P.A.C.E.R. Test			

Enter the information above as you begin the class. You will use this sheet each time you do one of the skills tests and record your results. The hope is that you will begin to see the progress you are making as you develop your own personal fitness program.