

Minor Participant Pre-Survey

Thank you for participating in a Fitness Warriors Class! We'd love to hear from you. Please take a moment to answer the questions below. All of the following questions are voluntary. This data may be used in our Annual Report. Return the completed survey to your fitness instructor.

Name _____ Age _____ Date _____

Height _____ ft. _____ in. Weight _____ lbs. Zip Code _____

Emergency Contact Name & Number _____

Physical Activity Readiness Questionnaire

YES **NO**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing medication for your blood pressure or a heart condition?
7. Do you know of any other reason why you should not do physical activity?

If you answered 'Yes' to any of the above questions: Talk with your doctor by phone or in person BEFORE you start becoming much more physically active. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

Physical Activity and Background

This is to be completed by the **child** with help from the parent/guardian.

How often do you exercise?

Not often



Sometimes



Very Often



How much energy do you have?

Not much energy



Some energy



A lot of energy



How flexible are you?

Not very flexible



Sort of flexible



Very flexible



How strong are you?

Not very strong



Sort of strong



Very strong



How much endurance do you have (how long before you are out of breath)?

Not much endurance



Medium endurance



Lots of endurance






Goals




Check all that apply. This is to be completed by the **child** with help from the parent/guardian.

Do you want to:




Make new friends in your Fitness Warriors Class?

No!  I don't care!  Yes! 




Learn new ways to stay active?

No!  I don't care!  Yes! 




Be more confident exercising in front of others?

No!  I don't care!  Yes! 

Have fun in the Fitness Warriors class?

No!  I don't care!  Yes! 

Be more active outside of class?

No!  I don't care!  Yes! 

Thank you for your participation!

If you would like to provide additional feedback, please feel free to contact us at:
804-285-9495 or rvafitnesswarriors@gmail.com



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