

Minor Participant Post-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 (Optional) _____ Age _____ Date _____

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

Emergency Contact Name & Number _____

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



Do you feel safe while participating in Fitness Warriors Classes?

Not safe



Sort of safe



Very safe



Does your instructor make you feel good about yourself?

No



Sometimes



Yes



Does your instructor care about you?

No



I don't know



Yes



Goals

Put a ✓ in the box that reflects how you feel about your Fitness Warriors experience. This is to be completed by the **child** with help from the parent/guardian.

Have you made any new friends in any of your Fitness Warriors classes?

No!



I don't know!



Yes!



Have you learned any new ways to stay active outside of class?

No!



I don't know!



Yes!



Are you more confident exercising in front of others?

No!



I don't know!



Yes!



Do you have fun in the Fitness Warriors classes?

No!



I don't know!



Yes!



Do you exercise on days that you don't have a Fitness Warriors class (running, dancing, sports, etc.)?

No!



I don't know!



Yes!



Would you come back to more Fitness Warriors classes?

Yes

No

Do you like your instructor?

Yes

No

What was your favorite part of the Fitness Warriors Class?

What is your favorite memory from the Fitness Warriors Class?

What was your least favorite part about the Fitness Warriors Class?

What would you change about this Fitness Warriors Class?

What is something you learned?

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