# SPORTS' FITNESSWARRIORS Warrior's Name:

#### **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
Heightftin. Weightlbs.	Zip Code
Emergency Contact Name & Number	
Please check one or more of the following groups in which you consider yourself to be a member.	l prefer to identify as:
<ul> <li>Hispanic or Latino</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Black or African American</li> <li>Native Hawaiian or Other Pacific Islander</li> <li>White</li> <li>Prefer to identify as</li></ul>	<ul> <li>Male</li> <li>Female</li> <li>Non-binary</li> <li>Prefer not to answer</li> </ul>
Physical Activity Readiness Questionnaire	
YES NO 1. Has your doctor ever said that you have a heart condi- recommended by a doctor?	tion and that you should only do physical activity

- 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.

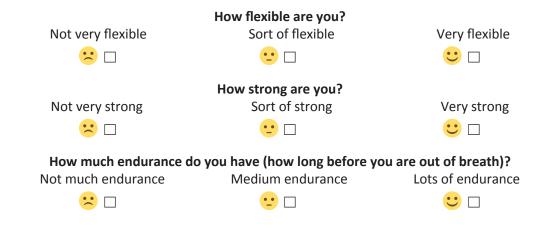
• You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

#### Physical Activity and Background

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

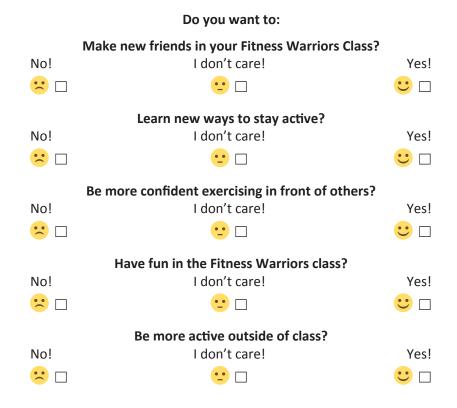
How often do you exercise?		
Not often	Sometimes	Very Often
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How much energy do you have?		
Not much energy	Some energy	A lot of energy
	•• •	

Continues on back



### Goals

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



## 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

