

## YOUTH BUDDY-FIT CHALLENGE

Individual       Team (Name: \_\_\_\_\_)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Partner's Name (if in a team): \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_

### Emergency Contact Info:

Parent/Guardian: \_\_\_\_\_

Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Activity Info:

Current Physical Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fitness Goal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in attending FREE group classes?       Yes       No

a) If **Yes**, please select the classes you would like to see offered:

- Cardio Kickboxing
- Spinning
- Zumba (dance aerobics)
- Bootcamp
- Other \_\_\_\_\_

b) What day/time would be best for you to attend class? (Ex: Monday @ 4:30)

\_\_\_\_\_

We are offering FREE orientations and training programs for all participants. If you are interested in scheduling an appointment, please suggest a date/time that works best for you. (must be between Dec.26 – Jan. 5) *Ex: Monday, December 28 @ 3:30*

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