

APPLICATION FOR FFC'S FITNESS CHALLENGE

Furman Fitness Center offers each adult member the chance to participate in a voluntary Fitness Challenge. The FFC Fitness Challenge involves an initial assessment to determine your goals and baseline measurements and periodic follow-up testing every 4-6 weeks thereafter. After each assessment, an FFC staff member will guide you through the next phase of the Fitness Challenge, one step closer to reaching your goals!

If you are interested in participating in the FFC Fitness Challenge, please fill out the form below. Someone from our staff will contact you to set up your initial assessment.

Name _____ Date _____

Age _____ Gender (circle one): Male Female

1. Describe your present exercise and/or physical activity. _____

2. If currently involved in an exercise program, rate your perception of exertion (circle your response):

Light Fairly Light Somewhat Hard Hard Very Hard

3. When was the last time you worked out on or used (check most appropriate response)...

Treadmill	<input type="checkbox"/> yesterday	<input type="checkbox"/> last week	<input type="checkbox"/> last month	<input type="checkbox"/> last 6 mos.	<input type="checkbox"/> last year	<input type="checkbox"/> not sure
Spinner bike	<input type="checkbox"/> yesterday	<input type="checkbox"/> last week	<input type="checkbox"/> last month	<input type="checkbox"/> last 6 mos.	<input type="checkbox"/> last year	<input type="checkbox"/> not sure
Stationary bike	<input type="checkbox"/> yesterday	<input type="checkbox"/> last week	<input type="checkbox"/> last month	<input type="checkbox"/> last 6 mos.	<input type="checkbox"/> last year	<input type="checkbox"/> not sure
Elliptical	<input type="checkbox"/> yesterday	<input type="checkbox"/> last week	<input type="checkbox"/> last month	<input type="checkbox"/> last 6 mos.	<input type="checkbox"/> last year	<input type="checkbox"/> not sure
Rowing machine	<input type="checkbox"/> yesterday	<input type="checkbox"/> last week	<input type="checkbox"/> last month	<input type="checkbox"/> last 6 mos.	<input type="checkbox"/> last year	<input type="checkbox"/> not sure
Swam for fitness	<input type="checkbox"/> yesterday	<input type="checkbox"/> last week	<input type="checkbox"/> last month	<input type="checkbox"/> last 6 mos.	<input type="checkbox"/> last year	<input type="checkbox"/> not sure
Free weights	<input type="checkbox"/> yesterday	<input type="checkbox"/> last week	<input type="checkbox"/> last month	<input type="checkbox"/> last 6 mos.	<input type="checkbox"/> last year	<input type="checkbox"/> not sure
Weight machine	<input type="checkbox"/> yesterday	<input type="checkbox"/> last week	<input type="checkbox"/> last month	<input type="checkbox"/> last 6 mos.	<input type="checkbox"/> last year	<input type="checkbox"/> not sure

4. How much time are you willing to devote to your exercise program?

Minutes per day _____ Days per week _____

5. What are your cardiovascular goals? _____

6. What are your strength/resistance training goals? _____

7. What are your flexibility goals? _____

8. What are your nutrition and/or weight loss goals? _____

FOR FFC STAFF USE ONLY

Start Date	
Weight	
BF%	
Goals	

Date	
Weight	
BF%	
Goals	

Date	
Weight	
BF%	
Goals	

Date	
Weight	
BF%	
Goals	