



Enrollment form

Instructions

1. Form to be completed by Challenge Coordinator
2. Challenge Coordinator must be at least 18 yrs. old.
3. Calculate Resting Heart Rate - To find a resting heart rate, count the number of heart beats for a total of one minute, or count the beats for 15 seconds and multiply that number time four. Usually the number will range from 60-90 beats per minute.
4. Systolic Blood Pressure - The top number. It is a measure of blood pressure while the heart is beating.
5. Diastolic Blood Pressure - The bottom number. It is a measure of blood pressure while the heart is relaxed, between heartbeats.
6. Please mail or fax to Special Olympics Arkansas- Attn: Donna Kilmer
2115 Main Street North Little Rock, AR 72113
7. Questions please contact Donna Kilmer donna@specialolympicsarkansas.org

Family Name: _____ **Date:** _____

Team/family Members (Please put an * next to Special Olympics Arkansas Athletes):

_____ Roll in family _____ Age _____

_____ Roll in family _____ Age _____

_____ Roll in family _____ Age _____

_____ Roll in family _____ Age _____

Family Designated Coordinator:

_____ Email _____ phone _____

Address: _____ City _____ Zip _____

How many days a week are you currently active (active defined as 30 minutes or more of an activity, sport, workout, walk, etc.) _____

Special Olympics Arkansas recommends participants consult their local health professional before beginning an exercise program

Fit Families Sponsored By:



Fit Families Challenge

Special Olympics
Arkansas



2014 Weekly Workout Fitness Measurements

Family Member: _____

Body Composition:

Height: _____ Weight: _____ Resting Heart Rate _____
(feet and inches) (pounds)

Blood Pressure:

Systolic: _____ Diastolic: _____

Family Member: _____

Body Composition:

Height: _____ Weight: _____ Resting Heart Rate _____
(feet and inches) (pounds)

Blood Pressure:

Systolic: _____ Diastolic: _____

Family Member: _____

Body Composition:

Height: _____ Weight: _____ Resting Heart Rate _____
(feet and inches) (pounds)

Blood Pressure:

Systolic: _____ Diastolic: _____

Family Member: _____

Body Composition:

Height: _____ Weight: _____ Resting Heart Rate _____
(feet and inches) (pounds)

Blood Pressure:

Systolic: _____ Diastolic: _____

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