



Level Up Registration Form

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

Participant Cellphone number (if applicable): \_\_\_\_\_

For Children under age 18, parents please sign below if you give permission for us to send text reminders to your child's cell phone:

\_\_\_\_\_

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

Parent Contact Number: \_\_\_\_\_

Contact email: \_\_\_\_\_

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

How many times per week does the participant/your family?

- Exercise for at least 30 minutes per day Participant: \_\_\_\_\_ Family: \_\_\_\_\_

- Eat take out or fast-food Participant: \_\_\_\_\_ Family: \_\_\_\_\_

- Consume sports drinks or juice Participant: \_\_\_\_\_ Family: \_\_\_\_\_

What are 2 healthy eating habits that you believe you/your child can work to improve?

1.

2.

What are 2 healthy lifestyle practices that you believe you/your child can work to improve?

1.

2.

Do you believe you can attend all 6 sessions of the Level Up Program for this cycle? Yes \_\_\_ NO \_\_\_

Any medical concerns the participant may need addressed prior to the start of the program?