



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?

