

# Fitness Challenge

**Special Olympics**  
Arkansas



## Enrollment Form

### Instructions

- Form to be completed by Challenge Coordinator
- Teams may contain up to 6 members
- Challenge Coordinator must be at least 18 yrs. old.
- 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 times four. Usually the number will range from 60-90 beats per minute.
- Systolic Blood Pressure - The top number. It is a measure of blood pressure while the heart is beating.
- Diastolic Blood Pressure - The bottom number. It is a measure of blood pressure while the heart is relaxed, between heartbeats.
- Complete pre/post [lifestyle surveys](#)

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

### Once you have Completed Enrollment Forms

Please email, mail, or fax to Special Olympics Arkansas- Attn: Jennifer Stane  
2115 Main Street North Little Rock, AR 72114  
Questions please contact Jennifer Stane  
[jstane@specialolympicsarkansas.org](mailto:jstane@specialolympicsarkansas.org)

### Participant Information

Individual/Team/Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Designated Coordinator:

Name: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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## Fitness Measurements

**Individual/Team/Family Member Name:** \_\_\_\_\_

Role \_\_\_\_\_ Age \_\_\_\_\_

Height: \_\_\_\_\_ (feet and inches) Weight: \_\_\_\_\_ (pounds)

Resting Heart Rate \_\_\_\_\_

Blood Pressure:

Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_

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

**Team/Family Member name:** \_\_\_\_\_

Role \_\_\_\_\_ Age \_\_\_\_\_

Height: \_\_\_\_\_ (feet and inches) Weight: \_\_\_\_\_ (pounds)

Resting Heart Rate \_\_\_\_\_

Blood Pressure:

Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_

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

**Team/Family Member Name:** \_\_\_\_\_

Role \_\_\_\_\_ Age \_\_\_\_\_

Height: \_\_\_\_\_ (feet and inches) Weight: \_\_\_\_\_ (pounds)

Resting Heart Rate \_\_\_\_\_

Blood Pressure:

Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_

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Role \_\_\_\_\_ Age \_\_\_\_\_

Height: \_\_\_\_\_ (feet and inches) Weight: \_\_\_\_\_ (pounds)

Resting Heart Rate \_\_\_\_\_

Blood Pressure:

Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_

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