

Physical Education (Kinesiology) Fitness Activity Participation Form

Student #: _____ First Name: _____ Last Name: _____

Grade/Class: _____ / _____ Homeroom Teacher: _____

Signature of Fitness Instructor: _____

*Please complete the information for each section. Be as specific as possible. **Students MUST complete the form for credit.**

Date of Fitness activity: _____ / _____ / _____ Time: _____ to _____ Total # of minutes: _____

Name of Fitness Center: _____

Name of Fitness Class Attended (i.e. low-impact aerobics, kickboxing, spinning aqua fitness, martial arts, etc.): _____

Type of Exercise Program or Purpose of Exercise Program (i.e. weight loss, flexibility, strength training, cardiovascular endurance, circuit training, interval training, body sculpting, over all conditioning, etc.): _____

If using any equipment, apparatus, or machines (i.e. lat pull-down; dumbbells, Pilates ball, resistance bands, etc.), please list them along with the sets, reps, and weights (if applicable):

	Name of Machine/Equipment:	Sets:	Repetitions:	Weight:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

***What I learned during this fitness activity?**

***What I would change or add for the next time?**