



Lifetime Personal Fitness Test-Out Registration Form

Name: _____ Student ID _____

School: _____ Grade: _____ Date: _____

Preparation and Practice are prerequisites for success in the Lifetime Personal Fitness Test-Out.

To register for the Test-Out you must: 1) complete the tasks listed below, 2) choose a date for testing, 3) obtain a parent's signature, and 4) return this form to the Physical Education Department Chairperson in your building at least one week prior to the date you selected for testing. This completed form becomes your official registration.

The above named student has: Check each item as completed.

____ Picked up from the Counseling Office and studied and reviewed with parents, the LPF Test-Out Packet

____ Attended at least 1 practice session offered by the Physical Education Department at your school to review test-out protocols and practice for the mile run, curl up, push up, and sit-and-reach flexibility test activities.

____ Viewed the 5 min. Test-Out CD or video available at your school through the Physical Education and/or Counseling Departments.

District-wide Test-Out Dates: Select ONE

____ September 21, 2006 THURS. 5:00 PM – 7:00 PM Bartlett H.S. Wt Rm. **Confirmed**

____ October 28, 2006 SAT. 9:00 AM – 11:00 AM Hanshew M.S. Lobby **Confirmed**

____ February 14, 2007 WEDS. 3:30 PM – 5:30 PM East H.S. Commons **Confirmed**

____ March 31, 2007 SAT. 9:00 AM – 11:00 AM Hanshew M.S. Lobby **Confirmed**

Additionally, this student does ____ or does not ____ have a PERMANENT physical limitation that may impact his/her ability to perform ONE of the test-out fitness activities.

Attach a physician's note.

PARENT SIGNATURE: _____ **Date** _____