



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 3 school days 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, 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 1, 2010 Wed. 5:00 PM –7:00 PM East H.S. Commons **CONFIRMED**

____ November 6, 2010 Sat. 9:00 AM –11:00 AM Hanshew M.S. Lobby **CONFIRMED**

____ January 8, 2011 Sat. 9:00 AM –11:00 AM Hanshew M.S. Lobby **CONFIRMED**

____ April 20, 2011 Wed. 5:00 PM –7:00 PM East H.S. Commons **CONFIRMED**

Additionally, this student does ____ or does not ____ have a **PERMANENT** physical limitation that may impact his/her ability to perform one of the four test-out fitness activities. **Attach a physician's note.** (Notes pertaining to seasonal conditions or common injuries from which the student will recover allowing them to test at another time are not acceptable.)

PARENT SIGNATURE: _____ **Date** _____