



Oklahoma Conference Youth Ministries

Fall Into Fitness

Score Sheet



Club Name: _____

Director Name: _____

Date: _____

	Name	Age	Sex F/M	1 Mile Run	Curl-ups	Push Ups	Trunk Lift	Sit & Reach Right/Left	Mod Pull- ups	Flexed Arm Hang	Shoulder Stretch Right/Left	*Result HZ/P
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												

*(You must test in at least 5 Categories to receive the Healthy Fitness Zone (HZ) or Participation Patch (P))



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	Name	Age	Sex F/M	1 Mile Run	Curl- ups	Push Ups	Trunk Lift	Sit & Reach Right/Left	Mod Pull-ups	Flexed Arm Hang	Shoulder Stretch Right/Left	*Result HZ/P
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												

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