

Dance Team Pre-Participation Fitness Screening

Personal Information

Full Name

Date of Birth

Grade/Year

Contact Number

Medical History

Known medical conditions (if any)

Current medications

Allergies

Injury History

Previous injuries (with dates, if known)

Current injuries or pain

Physical Activity

Other physical activities or sports

Weekly minutes of exercise

Emergency Contact

Name

Relationship

Phone Number

Additional Information

Anything else we should know?