No Excuses Project
Participation Application/Profile

Participant Application/Profile

Personal Information

Name_____

Address_____

Cell Phone _____ Email_____

Emergency Contact_____

Name Relationship Phone

Background Information

On a scale of 1-5 (5 being best) how would you rate your fitness level?

On a scale of 1-5 how would you rate your fitness experience and competency?

Describe your longest/toughest physical event.

Describe the most extreme mental/psychological situation you have experienced.

What strengths do you feel you will bring to this program and your team?

What concerns, if any, do you have concerning the physical demands of this event?

Do you have any medical conditions that could compromise your personal or group success?

Do you have all the required gear for this event? Yes No

If no, what equipment do you need to obtain or rent?