Name:		Role: Athlet	e Partner	* Special Olympics Washington *
Phone:	Email:			
Mailing Address:				
Area:		T-Shirt Size:		

## **INDIVIDUAL EVENTS.**

Components	Exercise (Choose one per component)		
Agility	<ul><li>Box Agility Test</li><li>10-yd Run-Walk-Roll</li><li>5-10-5 Test</li></ul>	Final Time:       :       (mm:ss:ms)         Final Time:       :       (mm:ss:ms)         Final Time:       :       (mm:ss:ms)	
Balance	<ul><li>Ball Tap</li><li>Seated Lateral Bends</li><li>One Leg Stance (eyes closed)</li></ul>	Final Score:  Final Score:  Final Time: : (mm:ss:ms)	
Core Body Strength	Curl Ups Planks	Final Score: (mm:ss:ms)	
Lower Body Strength	Squats Wall Sits Sit-to-Stand	Final Time: : : (mm:ss:ms) Final Score: Final Score:	
Lower Body Endurance	<ul><li>Side-to-Side Jumps</li><li>Front-to-Back Jumps</li></ul>	Final Score:	
Cardiovascular Endurance	<ul><li>Step Test</li><li>Mountain Climbers</li><li>Seated Jumping Jacks</li><li>Burpees</li></ul>	Final Score: Final Score: Final Score: Final Score:	
Upper Body Strength	Chair Push-Ups Roman Holds Push-Ups	Final Score: : (mm:ss:ms) Final Score:	