

THE 4-WEEK FALL REMIX CHALLENGE VOL. 1

Fill this out on your phone or computer (or print it), save it and email it to fallremixchallenge1@gmail.com by Friday, October 23. We use your answers to set up your nutrition guide.

01 ABOUT YOU

FULL NAME

AGE

DATE OF BIRTH

EMAIL

PHONE

INSTAGRAM HANDLE (@)

NAME ON SOUND CHECK APP (IF DIFFERENT)

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

GENDER (CHECK ONE)

☐ Female☐ Male☐ Prefer not to say

02 YOUR STARTING POINT

HEIGHT

CURRENT WEIGHT

GOAL WEIGHT (OPTIONAL)

BODY FAT % (IF KNOWN)

Measurements (optional, in inches). Take them on the same morning as your first check-in photos.

CHEST

WAIST

HIPS

ARM

THIGH

03 YOUR GOALS

MAIN GOALS (CHECK ALL THAT APPLY)

☐ Lose body fat☐ Build muscle☐ Tone up☐ More energy☐ Build consistency☐ Win the \$200

WHAT DOES A WIN LOOK LIKE FOR YOU AFTER 4 WEEKS?

WHY DID YOU JOIN THIS CHALLENGE RIGHT NOW?

WHAT'S MOST LIKELY TO GET IN YOUR WAY, AND HOW WILL YOU HANDLE IT?

04 FITNESS BACKGROUND

EXPERIENCE LEVEL (CHECK ONE)

☐ Beginner ☐ Intermediate ☐ Advanced

WORKOUTS PER WEEK RIGHT NOW (CHECK ONE)

☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5+

WHERE WILL YOU TRAIN? (CHECK ONE)

☐ At the gym ☐ At home ☐ Both

DAYS YOU CAN WORK OUT (CHECK ALL THAT APPLY)

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

05 HEALTH CHECK

If you answer Yes to any question, check with your doctor before starting the challenge.

Has a doctor ever told you that you have a heart condition or high blood pressure? ☐ Yes ☐ No

Do you feel chest pain, dizziness or lose your balance during exercise? ☐ Yes ☐ No

Do you have a bone, joint or back problem that exercise could make worse? ☐ Yes ☐ No

Are you currently pregnant or less than 6 months postpartum? ☐ Yes ☐ No

Do you have diabetes or another condition that affects how you eat or train? ☐ Yes ☐ No

INJURIES, LIMITATIONS OR MEDICATIONS WE SHOULD KNOW ABOUT

06 NUTRITION

EATING STYLE (CHECK ONE)

☐ No preference ☐ Vegetarian ☐ Vegan
☐ Pescatarian ☐ Low carb / keto ☐ Other

FOOD ALLERGIES, OR FOODS YOU WON'T EAT

MEALS PER DAY RIGHT NOW

WATER PER DAY (OZ OR BOTTLES)

HOURS OF SLEEP PER NIGHT

07 COMMITMENT

I've read the Official Rules and signed the waiver. Every week, I commit to logging 3 workouts, posting 2 reels and 2 stories, emailing my screenshots and sending my Monday check-in photos.

SIGNATURE (TYPE YOUR FULL NAME)

DATE