

VR Fitness Program Registration Form

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Personal Information

****Full Name:**** _____

****Email Address:**** _____

****Phone Number:**** _____

Technology Background

1. Do you own a smartphone? (Yes / No)
2. Have you ever played video games? (Yes / No)
3. Have you used VR before? (Yes / No)
4. If yes, which VR devices or applications have you used? _____

Fitness Level Assessment

1. How often do you currently exercise?
 - ☐ Never
 - ☐ 1-2 times per week
 - ☐ 3-4 times per week
 - ☐ 5+ times per week
2. Do you have any medical conditions that could affect your ability to exercise?
 - ☐ Yes (please specify): _____
 - ☐ No

Exercise Goals

1. What are your main fitness goals for this program? (Check all that apply)

- ☐ Weight loss
- ☐ Endurance improvement
- ☐ Strength training
- ☐ Cardiovascular health
- ☐ General fitness & activity
- ☐ Other: _____

Concerns about VR

1. Do you have any concerns about using VR? (Check all that apply)

- ☐ Motion sickness
- ☐ Physical space constraints
- ☐ Unfamiliarity with VR technology
- ☐ Other: _____

Availability

1. How many days per week can you commit to this program?

- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5+ days

2. Preferred workout times (Check all that apply)

- ☐ Morning (6 AM - 10 AM)
- ☐ Afternoon (10 AM - 4 PM)
- ☐ Evening (4 PM - 9 PM)

Agreement & Consent

By signing below, I confirm that I understand the program requirements and agree to participate

responsibly.

****Signature:**** _____

****Date:**** _____