



Name: _____

JCX Ninja Level 4 Worksheet

Obstacle Completion List:

Obstacle	Date	Staff Name	Staff Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Fitness points:

Exercise	Date	Staff Name	Staff Signature
1.			
2.			
3.			
4.			
5.			

Time Trial:

Trial Name:	Date	Trial Time	Staff Name	Staff Signature

Challenge Points: Trial:

Challenge Name:	Date	Count/Time	Staff Name	Staff Signature

Date Fully Complete: _____ Staff Witness/Signature: _____