

Player's Name: \_\_\_\_\_  
H.E.R.O.e's name: \_\_\_\_\_  
Scriptwriter's Name: \_\_\_\_\_  
Screenplay: \_\_\_\_\_  
Age: \_\_\_\_\_ Dimension: \_\_\_\_\_  
Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Movement: \_\_\_\_\_  
Job: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Temper: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Social status: \_\_\_\_\_  
Life choices: \_\_\_\_\_  
Experience Points (total): \_\_\_\_\_  
Experience Points (remaining): \_\_\_\_\_  
**Level:** \_\_\_\_\_

**INITIATIVE:** \_\_\_\_\_  
**ACTIONS:** \_\_\_\_\_  
**RESPONSES:** \_\_\_\_\_  
**MIGHT:** \_\_\_\_\_

 **Body:** \_\_\_\_\_  
 **Reflexes:** \_\_\_\_\_  
 **Mind:** \_\_\_\_\_  
 **Social:** \_\_\_\_\_  
 **Control:** \_\_\_\_\_

**PSYCHE**

total  
current



**#URBANHEROES**

**1-Head:**

Health: \_\_\_\_\_  
Protection: total / current  
Other: \_\_\_\_\_

**2-3-4 Torso:**

Health: \_\_\_\_\_  
Protection: total / current  
Other: \_\_\_\_\_

**5-Right Arm:**

Health: \_\_\_\_\_  
Protection: total / current  
Other: \_\_\_\_\_

**6-Left Arm:**

Health: \_\_\_\_\_  
Protection: total / current  
Other: \_\_\_\_\_

**7-Right Leg:**

Health: \_\_\_\_\_  
Protection: total / current  
Other: \_\_\_\_\_

**8-Left Leg:**

Health: \_\_\_\_\_  
Protection: total / current  
Other: \_\_\_\_\_

**Extra Location:**

Health: \_\_\_\_\_  
Protection: total / current  
Other: \_\_\_\_\_

**Extra Location:**

Health: \_\_\_\_\_  
Protection: total / current  
Other: \_\_\_\_\_

**FATIGUE POINTS**

**CONTACTS**

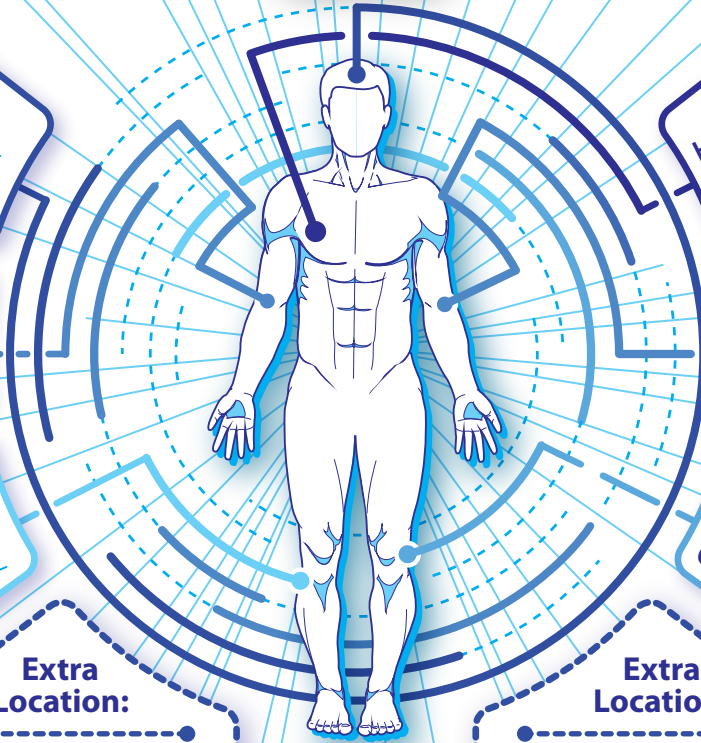
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL DISORDERS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



ABILITIES

RANK AP SPEC.

ABILITIES

RANK AP SPEC.

Arts: _____			<input type="checkbox"/>	Languages: _____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
Driving: _____			<input type="checkbox"/>	Profession: _____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
Hobby: _____			<input type="checkbox"/>	Sport: _____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
Knowledge: _____			<input type="checkbox"/>	Weapons: _____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>
_____			<input type="checkbox"/>	_____			<input type="checkbox"/>

GENERAL POWER UPS

POWERS

Power: \_\_\_\_\_ Grade: \_\_\_\_\_

Prim:  Sec:  Ter:

Origin: \_\_\_\_\_

Type: \_\_\_\_\_

Target: \_\_\_\_\_

Activation: \_\_\_\_\_

Duration: \_\_\_\_\_

Description: \_\_\_\_\_

Power: \_\_\_\_\_ Grade: \_\_\_\_\_

Prim:  Sec:  Ter:

Origin: \_\_\_\_\_

Type: \_\_\_\_\_

Target: \_\_\_\_\_

Activation: \_\_\_\_\_

Duration: \_\_\_\_\_

Description: \_\_\_\_\_

Power: \_\_\_\_\_ Grade: \_\_\_\_\_

Prim:  Sec:  Ter:

Origin: \_\_\_\_\_

Type: \_\_\_\_\_

Target: \_\_\_\_\_

Activation: \_\_\_\_\_

Duration: \_\_\_\_\_

Description: \_\_\_\_\_

Flaw: \_\_\_\_\_ Grade: \_\_\_\_\_

Power Ups: \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Flaw: \_\_\_\_\_ Grade: \_\_\_\_\_

Power Ups: \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Flaw: \_\_\_\_\_ Grade: \_\_\_\_\_

Power Ups: \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

EQUIPMENT

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Weapons:	Dimens.	Fire	Damage	Type	Accuracy	Ammos
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**MONEY** \_\_\_\_\_

Savings: \_\_\_\_\_