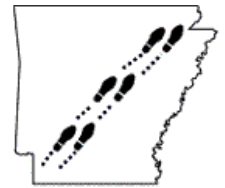


# Walk Across Arkansas



## Individual Registration Form

1. Name \_\_\_\_\_ 2. Address \_\_\_\_\_  
 3. Team \_\_\_\_\_ 4. County \_\_\_\_\_  
 5. Phone \_\_\_\_\_ 6. Age \_\_\_\_\_  
 7. Email address \_\_\_\_\_ 8. Gender  Male  Female (Check one)

9. Ethnic Background (Check one)  
 1. Caucasian  4. Hispanic  
 2. African-American  5. Native American  
 3. Asian  6. Other (Specify) \_\_\_\_\_

10. MY team is made up of people in MY: (Check the number of one below)  
 1. Worksite  5. EHC Club  9. Other (Specify) \_\_\_\_\_  
 2. Church  6. 4-H Club  
 3. School  7. Neighborhood  
 4. Family  8. Community organization

11. Which of these fitness activities do you do now? (Check the box of all that apply.)  
 A. I do no fitness activity now  D. Swim  
 B. Walk  E. Ride bicycle  
 C. Run  D. Other (Specify) \_\_\_\_\_

12. If you do a fitness activity now, please indicate how many days each week you perform the activity checked above.  
 A. Walk \_\_\_\_\_ Days each week  D. Ride bicycle \_\_\_\_\_ Days each week  
 B. Run \_\_\_\_\_ Days each week  E. Other \_\_\_\_\_ Days each week  
 C. Swim \_\_\_\_\_ Days each week

13. Write the number of minutes each day you perform the activity(ies) checked above.  
 A. Walk \_\_\_\_\_ Minutes each week  D. Ride bicycle \_\_\_\_\_ Minutes each week  
 B. Run \_\_\_\_\_ Minutes each week  E. Other \_\_\_\_\_ Minutes each week  
 C. Swim \_\_\_\_\_ Minutes each week

I wish to participate voluntarily in the Walk Across Arkansas Physical activity for the purpose of personal fitness. I understand that I should have medical approval from my health care professional if I:

- have any chronic health problems such as heart disease or diabetes.
- have been told by a doctor that I have high blood pressure
- have pains in my heart and/or chest area
- have any physical conditions or problems that might require special attention in an exercise program
- feel dizzy or have spells of severe dizziness
- have a bone or joint condition, like arthritis, and that might be made worse by an exercise not accustomed to vigorous exercise program
- am a male over 45 or a female over 50

I agree to accept full responsibility for any injuries I may sustain while participating in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_