WALK ACROSS TEXAS!
TEXAS A&M AGRILIFE EXTENSION

INDIVIDUAL REGISTRATION FORM

First Name: _____ **Last Name:** _____

County: _____ **Zip Code:** _____ **Email Address:** _____

Gender: ☐ Male ☐ Female **Age:**_____(No ranges permitted)

Are you of Hispanic, Latino or Spanish origin?

☐ Yes
☐ No

What is your race? (select one)

☐ Anglo ☐ Asian ☐ Multiracial
☐ African American ☐ Native American

I wish to participate voluntarily in the Walk Across Texas! program. While it is generally not necessary to see a health care provider before beginning every-day physical activities such as walking, we encourage you to talk with your health provider about your health and exercise as part of your regular visits.

Exercise can sometimes result in injury. However, it is generally much more harmful to your health to be inactive. As a general rule, it is always a good idea to start at a level that is easy for you to build up slowly.

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

Signature: _____ Date: _____

1. On most days, how many hours per day do you spend sitting while at home and/or during leisure time. This may include time spent visiting friends, reading or watching television.

☐ Less than 1 Hour ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours or more

2. During the past 7 days, on how many days were you physically active for at least 30 minutes per day? Add up all the time spent in any activity that increased your heart rate and made you breathe hard some of the time.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

3. Where are you most physically active? *(Check all that apply)*

☐ Parks or trails
☐ Local gyms or fitness centers
☐ Home fitness center
☐ Local mall
☐ School track
☐ Neighborhood
☐ Work site or office place

4. Why are you participating in the Walk Across Texas! (WAT) program?

☐ Personal health ☐ Support friend/ family member ☐ Employee/employer wellness program ☐ WAT event/ challenge ☐ School wellness event

5. The Walk Across Texas! program goal is to log 832 miles in 8 weeks. To meet the goal, members on teams of 8 would log approximately 104 miles per person. What is your personal goal during the 8 week program?

Log _____ Miles Lose _____ Lbs.

6. Would you be interested in receiving health information on any of the following: *(Check all that interest you)*

☐ Diabetes ☐ Arthritis ☐ Hypertension or high blood pressure ☐ Other: _____
☐ Asthma ☐ Cancer ☐ Cardiovascular disease (stroke or heart attack) _____
☐ Obesity ☐ Chronic pain ☐ Mobility problems (balance or gait problems) _____

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Educational programs of the Texas A&M AgriLife Extension Service are open to all people without regard to race, color, sex, disability, religion, age, or national origin.
The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating