

Individual Registration Form

1. Name: _____
2. Address: _____ City: _____ Zip Code: _____
3. Team Name: _____ 4. County: _____
5. Phone: _____ E-mail Address: _____
6. Age: _____ 7. Gender: Male Female
8. Ethnic Background (check one): Anglo African-American Asian Hispanic
 Native American Other (specify) _____

I wish to participate voluntarily in the Walk Across Texas! 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 pains in my heart and/or chest area
- feel dizzy or have spells of severe dizziness
- have a bone or joint condition, like arthritis, that might be made worse by an exercise program
- have been told by a doctor that I have high blood pressure
- have any physical conditions or problems that might require special attention in an exercise program
- am a male over 45 or a female over 50 and not accustomed to vigorous exercise

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

Signature _____ Date _____

9. Currently, are you physically active at least 30 minutes 5 days a week?
 Yes No
How many minutes a day are you physically active at this time? _____ minutes
10. If you are physically active, which of the following fitness activities do you do now? (Check all that apply.)
- A. I do no fitness activity now D. Swim
 B. Walk E. Ride bicycle
 C. Run F. Other (specify) _____
11. Where do you do these fitness activities? (Check all that apply.)
- A. Parks D. Local mall
 B. Local gym/fitness center E. School track
 C. Home fitness center F. Neighborhood
 G. Other (specify) _____

