Team Registration Form

Team Name: _____________________________

Team Captain’s Name: _____________________

Race: [ ] Over 18 [ ] Under 18

Captain’s Email Address: ______________________

In case the team captain cannot be reached, list team member to contact. ______________________

Other Team Members (Name / Email Address):

1. _____________________________

Race: [ ] Over 18 [ ] Under 18

2. _____________________________

Race: [ ] Over 18 [ ] Under 18

3. _____________________________

Race: [ ] Over 18 [ ] Under 18

4. _____________________________

Race: [ ] Over 18 [ ] Under 18

5. _____________________________

Race: [ ] Over 18 [ ] Under 18

6. _____________________________

Race: [ ] Over 18 [ ] Under 18

7. _____________________________

Race: [ ] Over 18 [ ] Under 18

Waiver: Our team wishes to participate voluntarily in the Walk Across TN physical activity for the purpose of personal fitness. Our team understands that we should have medical approval from our health care professional before participating.

ONLY miles for the sake of fitness can be recorded. This means that wearing a pedometer or tracking device can be helpful, but every step you take cannot be recorded. Use devices to measure activities for the sake of fitness.

Walk Across TN is an honor based project. Do your best and report honest!

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