

Individual Registration Form

Must be turned-in to the Captain *BEFORE* you begin!

Name: _____ County: _____
Team: _____
Telephone (home): _____ Address: _____
(work): _____
Age: _____ Gender (circle one): Male Female
Ethnic Background (OPTIONAL - circle one): Anglo African-American Asian
Hispanic Native American
Other (specify) _____

MY team is made up of people in MY . . . (circle the number of one item below):

- 1. Worksite 2. Church 3. School 4. Family 5. FCE club 6. 4-H Club
- 7. Neighborhood 8. Community organization (name of organization): _____
- 9. Other (specify) _____

I wish to participate voluntarily in the *Walk Across Tennessee* 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 areas.
- 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 _____



Which of these fitness activities do you do now? (check the box of all that apply)

- I do no fitness activity now
- Walk
- Run
- Swim
- Ride bicycle
- Other (specify) _____

If you do a fitness activity now, please indicate how many days each week you perform the activity(ies) checked above.

- A. Walk _____ days each week
- B. Run _____ days each week
- C. Swim _____ days each week
- D. Ride bicycle _____ days each week
- E. Other activity _____ days each week

Write the number of minutes each day you perform the activity(ies) checked above.

- A. Walk _____ minutes each day
- B. Run _____ minutes each day
- C. Swim _____ minutes each day
- D. Ride bicycle _____ minutes each day
- E. Other activity _____ minutes each day

How would you describe your eating habits?

Note: Schools and/or classes only need to report number of students participating and total miles walked each week to their site coordinator who will call in the totals to the Extension office; the school may track their progress on a map at the school. No registration forms or logs are required for school groups. Classes may compete with each other or student vs. teacher, etc.

At the end of six weeks, team members and their captain will complete the **Walk Across Tennessee Wrap-Up**, turn it in to the captain along with their **Individual Mileage Logs** by _____.

Captain's will turn-in **Individual Registration Forms** (if not already turned in), **Individual Mileage Logs** and **Walk Across Tennessee Wrap-Ups** and the **Captain's Log** to the county Extension office by _____. Captains meeting this deadline will be eligible for a prize drawing at the Celebration and Awards Activity.

Celebration and Awards Activity:

When? Date: _____ Time: _____ a.m./p.m.

Where? _____

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development. University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating. UT Extension provides equal opportunities in programs and employment.

