

Individual Registration Form

1. Name: _____ 4. County: _____
 2. Address/E-mail: _____ 5. Phone: _____
 _____ 6. Age: _____
 3. Team Name: _____ 7. Gender (circle): MALE FEMALE
 8. Ethnic Background (Circle one): 1 Anglo 2 African-American 3 Asian 4 Hispanic
 5 Native American 6 Other (Specify) _____
 9. MY team is made up of people in MY: (Circle the number of one item below.)
 1 Worksite 3 School 5 TEEA club 7 Neighborhood 9 Other (specify)
 2 Church 4 Family 6 4-H club 8 Community organization _____

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 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 | ● am a male over 45 or a female over 50 and not accustomed to vigorous exercise |
| ● have a bone or joint condition, like arthritis, that might be made worse by an exercise program | |

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

Signature _____ Date _____

10. Which of these activities were you doing *before* you started Walk Across Texas? (Check the box of all that apply.)
- | | |
|----------------------------------|---|
| <input type="checkbox"/> A. None | <input type="checkbox"/> D. Swim |
| <input type="checkbox"/> B. Walk | <input type="checkbox"/> E. Ride bicycle |
| <input type="checkbox"/> C. Run | <input type="checkbox"/> F. Other (specify) _____ |
11. If you did an activity before starting Walk Across Texas!, please indicate how many days each week you performed the activity(ies) you checked for number 10.
- | | |
|------------------------------|--|
| A. Walk _____ days each week | D. Ride bicycle _____ days each week |
| B. Run _____ days each week | E. Other activity _____ days each week |
| C. Swim _____ days each week | |
12. Write the number of minutes each day you performed the activity(ies) checked for number 10.
- | | |
|--------------------------------|--|
| A. Walk _____ minutes each day | D. Ride bicycle _____ minutes each day |
| B. Run _____ minutes each day | E. Other activity _____ minutes each day |
| C. Swim _____ minutes each day | |

**May we contact you within the next year to see if you're still walking?
 If so, do you prefer ___ phone or ___ e-mail? (Please check one.)**

Educational programs of Texas Cooperative Extension are open to all people without regard to race, color, sex, disability, religion, age, or national origin.

Issued in furtherance of Cooperative Extension Work in Agriculture and Home Economics, Acts of Congress of May 8, 1914, as amended, and June 30, 1914, in cooperation with the United States Department of Agriculture. Chester P. Fehlis, Deputy Director, Texas Cooperative Extension, The Texas A&M University System.