



INDIVIDUAL REGISTRATION FORM 2021

Turn into Captain BEFORE you begin!

Name: _____ County: Claiborne

Telephone: _____ Team: _____

Age: _____ Address: _____

Gender: Male Female

Ethnic Background: White African-American Asian
 Hispanic Native-American Other _____

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 org): _____
- 9. Other: _____

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: _____

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.



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

- | | |
|---|--|
| <input type="checkbox"/> I do no fitness activity now | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Run | <input type="checkbox"/> Swim |
| <input type="checkbox"/> Ride Bicycle | <input type="checkbox"/> 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? _____

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 May 17, 2021. 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 Wednesday, May 19, 2021.

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