



**INDIVIDUAL REGISTRATION FORM 2022** Page 1

**Turn into Captain BEFORE you begin!**

Name: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Team: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail \_\_\_\_\_

Gender: Male Female T-Shirt Size (Adult Sizes) \_\_\_\_\_

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.



## INDIVIDUAL REGISTRATION FORM

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? \_\_\_\_\_

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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 Tuesday, November 22, 2022. 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 no later than Monday before noon on November 28, 2022.

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