

..... WALK ACROSS ARIZONA

Individual Registration Form

* Required Fields

* Last name: _____ * First name: _____
Team: _____ * County: _____
* Street: _____ * City: _____
* Zip: _____ * Phone: _____
(as 85721 or 85721-0036) (as 520-555-1212)
Email: _____ Shirt Size: __Sm __Md __Lg __X-Lg
* Age: _____ __XX-Lg __XXXLg (Extra cost)
* Male Female Height _____ Weight _____

Race/Ethnic Background

White (not of Hispanic origin) Hispanic
 Black (not of Hispanic origin) American Indian or Alaskan Native
 Asian or Pacific Islander

I wish to participate voluntarily in the **Walk Across Arizona** 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 area
- 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 and fill in all that apply)

Walk _____ times per week _____ minutes per day
 Run _____ times per week _____ minutes per day
 Swim _____ times per week _____ minutes per day
 Bicycle _____ times per week _____ minutes per day
 Other... _____ times per week _____ minutes per day

Other Description: _____

I do no fitness activity now

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Please select the one sentence that best describes your current physical activity status:

- I do not participate in physical activity, and don't plan to start in the near future.
- I do not participate in physical activity, but I have been thinking about starting.
- I am trying to participate in the near future.
- I currently participate in some physical activity. Less than 3 days per week.
- I currently participate in physical activity regularly (5 or more days a week), but have only been doing it for the last 1 to 6 months.
- I currently participate in physical activity regularly (5 or more days a week), and have done so for 7 months or longer.

Please select the kind of vegetables you have eaten in the past day? (Check all that apply)

- Asparagus Avocados Beans Beets Broccoli Brussels Sprouts Cabbage Carrots Cauliflower
- Collard Greens Cucumbers Dried Beans Eggplant Kale Lentils Lettuce Peas Peppers
- Potatoes Spinach Squash Tomatoes Vegetable Juice Watercress Zucchini Other _____

How many cups of vegetables (fresh, frozen or canned) do you eat each day? (½ cup =one palm full)

- None ½ cup/day 1 cup/day 1.5 cups/day 2 cups/day 2.5 cups or more/day

Please select the kind of fruits (fresh, juice, or canned) you have eaten in the past day? (Check all that apply)

- Apples Bananas Berries Cantaloupe Cherries Citrus Grapes Mango Peaches/ Nectarines
- Papaya Pears Pineapple Plums Prunes Pumpkin Rhubarb Watermelon Other _____

How many cups of fruit (fresh, 100% juice, frozen or canned) do you eat each day? (½ cup =one palm full)

- None ½ cup/day 1 cup/day 1.5 cups/day 2 cups/day 2.5 cups or more/day

How satisfied are you with the amount of contact you have with friends and neighbors in your neighborhood?

- Extremely satisfied Somewhat dissatisfied
- Somewhat satisfied Extremely dissatisfied
- Satisfied

How much do you feel you are a part of your community?

- A lot Somewhat Not at all

In the past four weeks, did you have a lot of energy?

- All the time Some of the time
- Most of the time None of the time

In the past four weeks, how much of the time has your physical health or emotional problems interfered with social activities? (for example: visiting friends/relatives, etc.)

- All the time Some of the time
- Most of the time None of the time