Individual Registration Form

* Required Fields

* Last name:_________________________
  Team:_________________________________________
* Street: _______________________________________
* Zip: _______________________________________  (as 85721 or 85721-0036)

* First name:_________________________
* County:___________________________
* City:______________________________
* Phone:____________________________ (as 520-555-1212)

Email:________________________________________

* Age:  _________

* Male □  Female □

Race/Ethnic Background

□ White (not of Hispanic orgin)  □ Hispanic
□ Black (not of Hispanic orgin)  □ 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

For More Information Contact: