



Walk Across Tennessee

A FUN AND FITNESS PROGRAM
FOR ALL AGES

Individual Registration Form

*** *MUST* be turned-in to the Captain *BEFORE* you begin! ***

Name: _____ Team Name _____

Address _____

Phone (home) _____ (work) _____ (mobile) _____

Age Gender (circle one) Male Female

Ethnic Background (circle one): White/Not of Hispanic Origin Black/Not of Hispanic Origin
Asian or Pacific Islander Hispanic Native American Other
(Specify) _____

MY team is made up of people in MY... (Circle the number of one item below):

1. Work-site 2. Church 3. School 4. Family 5. FCE club 6. 4-H Club 7. Neighborhood
8. Community organization - name of organization: _____
9. Other (specify) _____

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.
- * feel dizzy or have spells of severe dizziness.
- * 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 _____

Sponsored by UT Extension, Cannon County Office



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Which of these fitness activities do you do now? (check all boxes that apply):

- I do no fitness activity now
- Walk
- Run
- Swim
- Ride bicycle
- 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

At the end of five 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**

Captains will turn-in **Individual Registration Forms, Individual Mileage Logs**, and **Walk Across Tennessee Wrap-Ups** and the **Captain's Log** to the county Extension office. Team's meeting this deadline will be eligible for awards at the Finale Day.

Recognition of winning teams

When: April 29, 2016

Where: Cannon County Relay For Life

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