## Individual Registration Form

1. Name: _________________________________   4. County: __________________
2. Address: ________________________________  5. Phone: _________________
3. Team: __________________________________  6. Age: __________________
7. Gender (circle): M          F
8. Ethnic Background (circle one):
   1 Anglo    2 African-American  3 Asian
   4 Hispanic  5 Native American  6 Other (specify) ______________
9. My team is made up of people in my (circle one):
   1 Worksite   3 School    5 4-H club   7 Community organization
   2 Church     4 Family    6 Neighborhood 8 Other (specify)_____________
10. Which of these fitness activities do you perform now? (Check all that apply.)
    A. I do no fitness activity now.   E. Ride bicycle
    B. Run ______ days each week  E. Other activity ______ days each week
    C. Swim ______ days each week
11. How many days each week do you perform the activity (ies) checked above.
    A. Walk _______ minutes each day   D. Ride bicycle _______ minutes each day
    B. Run _______ minutes each day   E. Other activity _______ minutes each day
    C. Swim _______ minutes each day

I wish to participate voluntarily in the AIM physical activity for the purpose of personal fitness. I understand 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.
- 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 40 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

B. Run _____ minutes each day
C. Swim _____ minutes each day
D. Ride bicycle _____ minutes each day
E. Other activity _____ minutes each day