



Individual Registration Form

1. Name: _____
2. Address: _____
3. Team: _____
4. County: _____
5. Phone: _____
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 |
| C. Run | F. Other (specify) _____ |
11. How many days each week do you perform the activity (ies) checked above.
- | | |
|------------------------------|--|
| A. Walk _____ days each week | D. Ride bicycle _____ days each week |
| B. Run _____ days each week | E. Other activity _____ days each week |
| C. Swim _____ days each week | |
12. Write the number of minutes each day you perform the activity (ies) checked above.
- | | |
|--------------------------------|--|
| A. Walk _____ minutes each day | D. Ride bicycle _____ 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 | E. Other activity _____ minutes each day |
| C. Swim _____ minutes each day | |