

Walking Program Registration Form



Route _____ **Date** _____

Name _____
First Name Last Name

Address _____
City State Zip

County _____ **Gender** (select one) **Male** **Female**

Email Address _____

Preferred Phone _____ **Preferred Time** (select one) **Afternoon** **Evening**

Emergency Contact _____ **Emergency Phone** _____

Age Group: (select one)

Under 20 yrs.

21-39 yrs.

40-59 yrs.

Over 60 yrs.

How often do you participate in physical activity for 15 or more consecutive minutes? (select one)

3 or more times/week

1-2 times/week

1-4 times/month

Less than once/month

In general, would you say your health is? (select one)

Excellent

Very Good

Good

Fair

Poor

The information collected will be used for the purpose of WalkWorks related materials and events, only. It will be treated in confidence and not be disclosed to any other party. I understand that a WalkWorks representative will use this information to help better my WalkWorks experience.