

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, describe your health. (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.