

Get Your Steps on Rt. 66 Registration Form

Please fill out the information below to register for the Get Your Steps on Rt. 66 Challenge. All information will be kept confidential.

Name: _____

Mailing Address: _____

City: _____ State: OK Zip: _____

Phone: _____ Email: _____

Age Category (Check One)

Under age 10 20 – 30 55 - 70

10 – 14 31 – 39 Over 70

15 – 19 40 - 54

Complete the following statement: In general, my overall health is . . .

Excellent Good Fair Poor

How many days a week do you currently walk 30 minutes or more?

None Three Days Six Days

One day Four Days Seven Days

Two Days Five Days

I wish to participate voluntarily in Get Your Steps on Rt. 66 Activity Challenge for the purpose of personal fitness. I understand that it is my personal responsibility to discuss my health status and exercise program with my physician. I hereby release any person/sponsoring organization from any liability for any medical event, injury, or accidental occurrence resulting from my participation in the Activity Challenge.

(Participant)

(Date)

Pre-Program: (To be completed by contest staff)

Age: _____ Height: _____ Weight: _____ BMI: _____

Post-Program: (To be completed by contest staff)

Age: _____ Height: _____ Weight: _____ BMI: _____

