LIFESTYLE FOR A healthy mind



Registration

Please complete and return to your local K-State Research and Extension office.

Name					
Mailing Address					
City Zip		p Code County		//District	
Email		Phor	าе	Gender 🛛 Male	🗆 Female
Team Captain		Tean	n Name		
If this is a work-site tear	n, please specify cor	npany/organizati	on		
Which age range are yo Under 5 5 - 12 35 - 44 45 - 5 Which of the following k American Indian/Nativ Bi-racial White	2 □ 13 - 17 54 □ 55 - 64 Dest describes you? (ve American □ A	☐ 65 - 74 (Check one) sian lispanic or Latino	□ 75 and over □ Black/A	frican American Hawaiian/Pacific Islander	
 that I should have mean have chronic head have been told by have pains in my have pains in my have any physical feel dizzy or have have a bone or jo to, or a vigorous each and a male over age 	dical approval from r th problems such as y my doctor that I hav neart and/or chest ar conditions or proble spells of severe dizzi int condition, such as exercise program. ge 45 or a female over	my health care pro heart disease or o ve high blood pre rea. erns that might reo iness. s arthritis, that might er age 55 AND no	ofessional if I: diabetes. essure. quire special attention ght be made worse by ot accustomed to vigo	e of physical fitness. I unc n in an exercise program. y an exercise I am not acc prous exercise. :ipating in this program.	customed
			-	Date	
Parent/Guardian Signature (If under 18)					
FOLLOW-UP SURVE	Y ticipate in a brief follo	ow-up survey 6 m	nonths after Walk Kans		
	iotional programs. I a			and image recordings are	

□ **No, I do not authorize** use of my individual image or voice.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

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