

**The Learning Center of Ellis County
PE Class (1/2 Credit)
2019 Walk Kansas Individual Registration
Form March 11 thru May 4, 2019**

REGISTRATION DEADLINE – March 8, 2019 NO LATE REGISTRATION ACCEPTED.

Name _____ Date _____

1. How old are you? **Under 18** **18-21** **22-30** **31-55** **Over 55**

2. What is your gender? **Male** **Female**

3. During waking hours I am mostly:
Sitting **Walking** **Standing** **Doing physically demanding work**

4. Thinking about the **moderate activities** you do in a usual week when you are not at school/work, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening or anything else that causes small increases in breathing or heart rate?

Yes **No** * How many days per week do you do these moderate activities for at least 10 minutes?
1 day **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
 * How much total time per day, **in minutes**, do you spend doing these activities?
0-9 **10-19** **20-29** **30-39** **40-49** **50-59** **60-69** **70-79**

5. Thinking about the **vigorous activities** you do in a usual week when you are not at school/work, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work or anything else that causes large increases in breathing or heart rate?

Yes **No** * How many days per week do you do these vigorous activities for at least 10 minutes?
1 day **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
 * How much total time per day, **in minutes**, do you spend doing these activities?
0-9 **10-19** **20-29** **30-39** **40-49** **50-59** **60-69** **70-79**

6. As of today, how many servings of fruits and vegetables would you estimate that you consume each day?
0 **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **more than 10**

I wish to participate voluntarily in the Walk Kansas physical activity for the purpose of physical fitness and completing a ½ credit of the PE class at the Learning Center. I understand that I should have medical approval from my health care provider if I:
Have chronic health problems such as heart disease or diabetes.
Have been told by a doctor that I have high blood pressure.
Have pains in my heart or chest area.
Have any physical conditions or problems that might require special attention in an exercise program.
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.
Am a male over 45 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 _____

Parent Signature _____ Date _____

(Required if student is under the age of 18)