

**The Learning Center of Ellis County**  
**PE Class (1/2 Credit)**  
**2014 Walk Kansas Individual Registration Form**  
**March 17 thru May 12, 2014**

**REGISTRATION DEADLINE – March 14, 2014 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)