



## **Youth Registration Form and Schools**

If you are a school teacher; 4-H, Girl Scout, Boy Scout, or after school program leader; or any other youth leader and you would like to register your group to participate in Walk Kansas, please return or email all of the completed registration forms (one per leader and one for each youth) to your local county office. All youth in high school and below can participate FREE! If you have any questions, please contact your local Extension office.

Name		
School Name		
City	Zip Code	County/District
Gender 🗆 Male 🗆 Female Te	acher/Adult Leader	Team/Class Name
Which age range are you in? (Check of	one)	
□ Under 5 □ 5 - 12 □ 13	- 17 🛛 18 - 24	□ 25 - 34
□ 35 - 44 □ 45 - 54 □ 55	- 64 🛛 65 - 74	$\Box$ 75 and over
Which of the following best describes	you? (Check one)	
□ American Indian/Native American	🗆 Asian	🗆 Black/African American
🗆 Bi-racial	🗆 Hispanic or Latino	🗆 Native Hawaiian/Pacific Islander
□ White	□ Other	

I wish to participate in the Walk Kansas physical activity program for the purpose of physical fitness. I understand that I should have medical approval from my health care professional if I:

- » have chronic health problems such as heart disease or diabetes.
- » have been told by my doctor that I have high blood pressure.
- » have pains in my heart and/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, such as arthritis, that might be made worse by an exercise I am not accustomed to, or a vigorous exercise program.
- » am a male over age 45 or a female over age 55 AND not accustomed to vigorous exercise.

## I agree to accept full responsibility for any injuries I may sustain while participating in this program.

Participant Signature	_ Date
Parent/Guardian Signature (If under 18)	_ Date

## **PUBLICITY RELEASE**

□ **I authorize** K-State Research and Extension to record and photograph my image and/or voice for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension.

□ **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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Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, contact the Director of Institutional Equity, Kansas State University, 103 Edwards Hall, Manhattan, KS 66506-0124, (Phone) 785-532-6220; (TTY) 785-532-4807.