

Individual Registration Form – 2016

	Pleas	se complete and r	eturn to your local	K-State Research	and Extension office.	
Name						
Mailing Ado	lress					
City Zi			ip Code		County/District	
Email			Phone		Gender 🗆 Ma	le 🗆 Female
Team Captain			Team Name			
If this is a w	ork-site team, ple	ease specify con	npany/organizatio	on		
Which age r	ange are you in?	(Check one)				
	□ 5 - 12		□ 18 - 24			
□ 35 - 44	□ 45 - 54	□ 55 - 64	□ 65 - 74	\square 75 and ov	er	
Which of the	e following best (describes you? (Check one)			
☐ American Indian/Native American ☐			sian	□ Bl	ack/African American	
		□ Hi	☐ Hispanic or Latino		☐ Native Hawaiian/Pacific Islander	
□ White		□ O	ther			
» have» have» feel d» haveto, or» am a	been told by my pains in my heart any physical cond izzy or have spell a bone or joint co a vigorous exerc male over age 45	doctor that I have and/or chest are ditions or problet is of severe dizzing andition, such as ise program.	ms that might rec ness. arthritis, that mig er age 55 AND no	ssure. quire special atte ght be made wo ot accustomed t	ention in an exercise programorse by an exercise I am not to vigorous exercise.	accustomed
_	-	-			participating in this progra	
Participant Signature						
Parent/Guardian Signature (If under 18)					Date	
PUBLICIT	Y RELEASE					
education		nal programs. I a			ny image and/or voice for us video and image recordings	
□ No, I d	o not authorize	use of my indivi	dual image or voi	ice.		

Kansas State University Agricultural Experiment Station and Cooperative Extension Service