

Maine in Motion

Registration Form



Required Information:

Name: _____

Mailing Address: _____ Town: _____

Zip Code: _____ Telephone Number: _____

Site Name: _____ Grade: _____

Male _____ Female _____ Age _____

Will you: track steps (pedometer) track time

Educational Level: less than high school High School Graduate

some college College Graduate

Employed: at home outside the home retired student

Height (optional): _____ Weight (optional): _____ email: _____

Regular physical activity is defined as achieving at least 30 minutes of moderate intensity physical activity on four or more days of the week.

Please read the next four statements. Check the one statement that best describes your current level of exercise.

- I do not participate in regular physical activity now, but intend to in the next 30 days.
- I do not participate in regular physical activity now, but intend to in the next 6 months.
- I do participate in regular physical activity now, but have been for LESS than 6 months.
- I have been participating in regular physical activity for MORE than 6 months.

If you do currently participate in regular moderate physical activity:

1. How many days per week do you do moderate activities?
_____ Less than 1 _____ 1-2 _____ 3-4 _____ 5 or more
2. On average, how many minutes per day?
_____ <5 _____ 5-9 _____ 10-19 _____ 20-29 _____ 30 or more
3. What types of activities? (please check all that apply)
_____ walking _____ cycling _____ martial arts _____ dancing
_____ hiking _____ swimming _____ housework _____ aerobics
_____ jogging _____ rowing _____ yard work _____ gardening
_____ other household activities: _____
_____ other recreational activities: _____
_____ sports: _____

(continued on back)

Return registration form to Maine in Motion, 11 Parkwood Drive, Augusta, ME 04330.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

**If
you
answered**

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active. Tell your doctor about the above questions and which questions you answered YES.

- You may be able to do any activity you want -- as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

NO to all questions

If you answered NO honestly to all questions, you can be reasonably sure that you can:

- start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better; or
- if you are or may be pregnant - talk to your doctor before you start becoming more physically active.

Informed use of the Par-Q: The Canadian Society of Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing questionnaire, consult your doctor prior to physical activity.



Required Information:

I understand that any information I provide is privileged and confidential. I agree to the use of information for evaluation and research purposes as long as I am **not** identified. I have read, understood, and completed this questionnaire. The Maine Governor's Council on Physical Fitness, Sports, Health, and Wellness and their agents assume no liability for persons who undertake physical activity and hereby state that I am voluntarily participating in the *Maine in Motion* program. My photo may be used for promotional purposes.

Signature: _____ Date: _____

Parent/Guardian signature for participants under age 18.

↓
Signature: _____ Date: _____

