

get fit virtual 5K stay fit

GET FIT/STAY FIT Virtual 5K Registration Form

Name: _____

Sex (circle one): Male Female

Address: _____

E-mail address: _____ Cell phone number: _____

Your age on December 5, 2009 (please check appropriate age range):

_____ 11-14	_____ 45-49
_____ 15-19	_____ 50-54
_____ 20-24	_____ 55-59
_____ 25-29	_____ 60-64
_____ 30-34	_____ 65-69
_____ 35-39	_____ 70+
_____ 49-44	

Would you like to receive weekly text message tips (circle one)? Yes No

Are you a Lexington Medical Center employee (circle one)? Yes No

Are you participating in the program as part of another group? Yes No

Will this be your first 5K (walking or running) (circle one)? Yes No

Are you currently physically active for at least 30 minutes a day, most days of the week (circle one)? Yes No

What level exerciser do you consider yourself to be (circle one)? Beginner Intermediate Advanced

