



2009 Step Up Forsyth!

Physical Activity Group Registration Form

Please bring this completed form to Forsyth County Health Department, 799 N. Highland Avenue OR fax it to *Step Up Forsyth!* at 727-8034 by Sept. 11th

Team / Organization name: _____

Address: _____ City: _____ Zip Code: _____

Team Captain's Name: _____ Telephone: (_____) _____

E-Mail _____ Team Captain Signature _____

Age Category (Youth, Adult, or Senior) _____ Male or Female _____

Participant signatures must be obtained for participation in this event. A participant's signature indicates their agreement with the following statement:

I have full knowledge of the risks involved and am physically fit to participate in this event. Also, in consideration of my participation, I (along with my heirs and administrators) release and discharge all participating organizations and sponsors for injuries or damages incurred during the event. I also authorize **the BeHealthy Coalition** to use any photograph, interviews, personal narrative, or audio or video recordings of my participation in this event.

First Name	Last Name	Signature (Parents / guardians must sign for participants under age 18)	Age Category: Youth (0-17), Adult, or Senior (62+)	Male Or Female	Email address

Total Participants = _____ Page ___ of ___

Additional copies of this form are available on the Department of Public Health website at: www.forsyth.cc/PublicHealth (look for Step Up Forsyth! on the left side of the page)