

Upper Saddle River Path to Fitness Registration Form



Name: _____

Address: _____

Phone: _____

E-Mail: _____

Affiliation: *Mark choice below, please indicate name of organization or school, if applicable.*

Individual

Organization: _____

School: _____

Participant Signature _____
Date

Legal Guardian Signature (if participant is a minor) _____
Date

Cut at dotted line

Congratulations on starting on your way to the Path of Fitness!

By signing this registration form I agree to:

1. Take USR Path to Fitness.
2. Commit to walking to improve my health and fitness level.
3. Set individual goals and strive to reach them.

Please check with your doctor before starting this or any fitness program. Be sure to record your monthly progress on our website, www.nwbrhc.org. If you are unable to access the Internet, please report your progress at our awards ceremony in June 2008.