

# America on the Move STEPtember Individual Registration



What best describes you?

- I am an individual who is interested in my health and wellness.
- I am a health care professional.

What would you like to do?

- Only Sign myself up
- Join a group \_\_\_\_\_ Group Name
- Start a group
- Start a family group
- I am a teacher who wants to start a school group

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Email \_\_\_\_\_

Password (First Name (up to 6 letters) and DOB(month and date)) \_\_\_\_\_

How many days do you set aside time for physical activity \_\_\_\_\_

How did you hear about program? \_\_\_\_\_ Would you like to receive emails? \_\_\_\_\_

# America on the Move STEPtember Group Registration

Group Type (Be Specific) \_\_\_\_\_

Group Name \_\_\_\_\_

Group Administrator \_\_\_\_\_ Phone Number \_\_\_\_\_

Group Administrator Email \_\_\_\_\_

**\*\*Please complete this form and either fax to 828.695.5104 or e-mail to [LindseyS@catawbacountync.gov](mailto:LindseyS@catawbacountync.gov) \*\***

