



2011 Step Up Forsyth!

Family /Team Registration Form

September 18 - November 12

To participate in the entire 8-week program, please send registration prior to September 13th

Team/Family/Organization name: _____

Address: _____ City: _____ Zip Code: _____

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

E-Mail _____ Team Captain Signature _____

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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)	Email address (please print legibly)

Total Participants = _____ **Page** ___ **of** ___ Additional copies of this form are available at <http://www.forsyth.cc>

Submit your entry form 1 of 4 ways (you may join Step Up Forsyth! any time during the 8-week program)

1. Drop form(s) off at Forsyth County Health Department
2. Scan form(s) and email it to stepupforsyth@forsyth.cc
3. Fax to the Department of Public Health at 336-727-8034
4. Mail to Step Up Forsyth!, Dept.of Public Health, PO Box 686, Winston-Salem, NC 27102-0686

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