



# 2012 Step Up Forsyth!

Family /Team Paper Registration Form  
September 16 - November 10

*Only use this form if you ARE NOT registering online for Step Up Forsyth*

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) |
|------------|-----------|-----------|---|--------------------------------------|
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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, 799 North Highland Ave.
2. Scan form(s) and email it to [stepupforsyth@forsyth.cc](mailto: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

**I** To participate in the entire 8-week program, please send registration form in before September 16!