Walk With Ease | Arthritis Foundation

Participation Application Form

Please complete all sections and print clearly.

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

In general, would you say your health is:
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Do you use an assistive device for walking (i.e. a cane)? ☐ Yes ☐ No

Please briefly describe your current activity level and any physical imitations and/or health conditions you might have that would influence your participation in this program.

_____

_____

_____

_____

_____

In case of emergency, please call:

Name: _____ Phone: _____

Relationship to You: _____