

Page 1: Participant must read and select “yes” or “no” to continue. A “yes” selection will move the participant to the next question. A participant that selects “no,” the system will end their registration.


**2021 Virtual Just Move It
Kayenta Service Unit**

* 1. Welcome to the 2021 Kayenta Service Unit Virtual Just Move It Registration form. Please read the Waiver of Responsibility before proceeding: "In consideration of your acceptance of this entry, for myself, heirs, executors, or administrators, I hereby waive and release any and all rights and claims for damage I may have against sponsoring organizations or representatives for any and all injuries sustained by in any activity, including transportation to and from the site of such activity, related directly or indirectly to my participation of said activity. I hereby give my permission for the use and reproduction of video footage, photographs or audio recordings. I understand that any use of my image and/or voice will be for the purpose of health promotion." By clicking yes, you consent to the Waiver of Responsibility. REGISTRATION IS OPEN TO CURRENT KAYENTA SERVICE UNIT RESIDENTS ONLY.

Yes

No

NEXT

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See how easy it is to [create a survey](#).

1 of 9 answered

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Yes

No

NEXT

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1 of 9 answered

2. Participant will type what community or city he/she currently lives:

**2021 Virtual Just Move It
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2021 Virtual Just Move It Registration Form - Kayenta Service Unit

REGISTRATION TO BE COMPLETED BY AN ADULT 18 YEARS OR OLDER.

2. What community or city do you currently live in?

3. Participant's Contact Information:

**2021 Virtual Just Move It
Kayenta Service Unit**

3. Contact Information (To mail incentive)

Name	Jane Doe
Address	PO Box 123
City/Town	Kayenta
State/Province	AZ Arizona
ZIP/Postal Code	86033
Email Address	abc@aaa.aaa
Phone Number	+15555555555

OK

4. Gender

* 4. What is your gender?

Female

Male

5. Age group

* 5. Age Group:

18 to 29 years old

30 to 39 years old

40 to 49 years old

50 to 59 years old

60 years & older

6.

* 6. Please select your race distance:

5K (3.1 miles)

10K (6.2 miles)

7. Participant selects race distance:

* 7. Please select your t-shirt size (while supplies last):

- Youth Small
- Adult Small
- Adult Medium
- Adult Large
- Adult x-Large
- 2x-large
- 3x-large

Guardians can register up to three (3)

8. Adults can register up to three children under 18yrs. old:

8. Parents/Legal Guardians can register up to three (3) children under 18yrs old.

Child 1 Name	<input type="text"/>
Age	<input type="text"/>
Gender	<input type="text"/>
2-mile, 5K (3.1 miles), or 10K (6.2 miles)	<input type="text"/>
T-shirt Size (while supplies last)	<input type="text"/>
Child 2 Name	<input type="text"/>
Age	<input type="text"/>
Gender	<input type="text"/>
2-mile, 5K (3.1 miles), or 10K (6.2 miles)	<input type="text"/>
T-shirt Size (while supplies last)	<input type="text"/>
Child 3 Name	<input type="text"/>
Age	<input type="text"/>
Gender	<input type="text"/>
2-mile, 5K (3.1 miles), or 10K (6.2 miles)	<input type="text"/>
T-shirt Size (while supplies last)	<input type="text"/>

Physical Activity and COVID-19 questions (voluntary):

**2021 Virtual Just Move It
Kayenta Service Unit**

Physical Activity and COVID-19

Please answer the following questions to help us better understand the behaviors and attitudes toward physical activity and exercise in response to the COVID-19 Pandemic. Please continue to practice COVID-19 prevention and safety measures. Thank you.

9. How much exercise and physical activity have you engaged in since the COVID-19 restrictions were in-place?

🗨️ 0

- More
- Same Amount
- Less
- Not Sure

10. In the **past week**, how many days have you done a total of 30-minutes of exercise, enough to raise your breathing rate? 🗨️ 0

- 0 days
- 1 - 2 days
- 3 - 4 days
- 5 -6 days
- 7 days

11. Please rate how you would agree or disagree with each statement. 🗨️ 0

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Since the COVID-19 pandemic, I have new ways to exercise and be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find exercising on my own enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about leaving my home to exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The COVID-19 restrictions has not impacted my current exercise routine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for completing the registration form. Walk or run your miles anytime, anywhere safe and convenient for you. Complete your miles by **August 13, 2021**. Track your run/walk route with a smart phone GPS app of your choice (Ex. mapmyrun, mapmywalk, runkeeper, Strava, etc.) Screenshot your route along with your finish time and email it to: Robyn.Maho@ihs.gov. Enjoy and be safe! 🗨️ 0