



HEALTH
DEPARTMENT
Caring today for a healthy tomorrow

Kent Steps Up!

REGISTRATION and CONSENT FORM

Return registration form to your child's teacher no later than
April 13, 2010.

*****Please Print Clearly*****

Student Information

First name _____ Last name _____

Age _____ Grade _____

*T-shirts will be given to all students who successfully complete the program.
(Who has logged and entered steps for at least 3 out of the 4 weeks)

Circle one – T-Shirt Size

Youth sm. Youth Med. Youth Lg. Youth XL

Adult sm. Adult Med. Adult Lg. Adult XL

I do not want a T-Shirt

Elementary school _____

Teachers name _____

Kent Steps Up! is a walking program. The possibility of injury exists. Registrants may participate only if they are in acceptable health and physical condition for the activity. By participating in this program you agree to accept responsibility for any injury your child may sustain while participating. By participating you also agree to hold harmless the Kent County Health Department and your child's school. Your child may be photographed or videotaped and their image published in an outlet used to promote the Kent Steps Up! program.

Parent/Guardian Signature

Date