

# 2019 PARTICIPANT REGISTRATION FORM

## CHALLENGE 2



Team Name: \_\_\_\_\_

T-shirt size (please circle):  
S / M / L / XL / 2XL / 3XL / 4XL / 5XL / 6XL / 7XL / 8XL

All fields marked with \* are mandatory fields

*First Name:	*Last Name:	*DOB:     /     /
Email:	*Phone Number:	*Gender: (please tick) <input type="checkbox"/> Female <input type="checkbox"/> Male
*Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both		

### HEALTHY EATING

How many serves of fruit do you usually eat each day? <small>(1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces)</small>	_____ serves per day	<input type="checkbox"/> don't eat fruit daily
How many serves of vegetables do you usually eat each day? <small>(1 serve = one small handful or ½ cup of cooked vegies or 1 cup of salad vegetables)</small>	_____ serves per day	<input type="checkbox"/> don't eat vegies daily

### GETTING ACTIVE

IN THE LAST 7 DAYS, how many times did you do 20 minutes or more of vigorous-intensity physical activity that made you sweat or puff and pant? <i>(e.g. Heavy Lifting, digging, jogging, aerobics or fast bicycling)</i>	_____ times in the last 7 days
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of walking? <i>(e.g. walking from place to place for exercise or recreation)</i>	_____ times in the last 7 days
IN THE LAST 7 DAYS, how many times did you do 30 minutes or more of other moderate-intensity physical activity that increased your heart rate or made you breathe harder than normal? <i>(e.g. carrying light loads, bicycling at a regular pace or doubles tennis)</i>	_____ times in the last 7 days
<b>Get Healthy Coaching Service</b> - This free telephone coaching service can help provide you with the support and motivation you need to reach your own healthy lifestyle goals. I consent to participate in the Get Healthy Information and Coaching Service and to be contacted on the number provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SMOKING

Which of the following best describes your current smoking status?     Current Smoker     Ex-smoker     Never Smoked

I would like to receive a call on the number above from NSW Quitline to help me to quit smoking. For info: [bit.ly/2DyaOSF](http://bit.ly/2DyaOSF)     Yes     No

### WELL-BEING QUESTIONS

Source Q1-3: Emotional Empowerment Scale: Growth and Empowerment Measure (GEM)

**Please tick the box that matches the way you feel *most* of the time**

<p>I feel like I don't know how to live a healthy and active life</p> <p>I feel slack, like I can't be bothered to do things even when I want to</p> <p>I feel very unhappy with myself and my life</p> <p>I feel isolated and alone, like I don't belong</p>	<p>I feel like I know how to live a healthy and active life</p> <p>I am strong and full of energy to do what is needed</p> <p>I feel very happy in myself and my life</p> <p>I belong in community, I feel connected.</p>
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If you have ticked one or more boxes on the left hand side and feel like you want further support, please contact Beyond Blue on 1300 22 4636, MindSpot on 1800 61 44 34, or contact your GP.

I have read and agree to all information contained in this registration pack. I consent to the information collected in this form to be used as outlined in the KHC Privacy Statement. I certify that the information I have provided in this registration form is accurate.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_