



# Choctaw Nation

Strong Nation Healthy Nation

1(918) 567-7000 or 1(800) 349-7026 ext. 6958 or 6044

## P.A.C.E. Club

P.A.C.E. is one of the many health initiatives set forth by the Going Lean taskforce which was formed in Oct. 2010. P.A.C.E. implementation began Oct. 1, 2011. It is currently maintained through the Choctaw Nation Healthy Lifestyles department. The P.A.C.E. Club Program is a program designed to promote the importance and awareness of regular physical activity through walking or running for a healthier lifestyle. This program is free and open to the public. CDIB not required. **You must reside in the Choctaw Nation service area to be a member.** Membership is allowed outside the 10 ½ counties of Choctaw Nation for those 70 + years of age and their spouse.

### How to become a P.A.C.E. member:

- Review rules/guidelines page
- Complete P.A.C.E. application and PAR-Q
- Submit completed application and PAR-Q
- Upon approval and receipt of your welcome email, members can start entering P.A.C.E. sponsored runs

### LINKS:

- Rules/Guidelines page
- Application/Consent page
- PAR-Q page
- P.A.C.E. race schedule

### \*\*\*\*\*Important.\*\*\*\*\*

You must be accepted as a P.A.C.E. member before you can register for any P.A.C.E. event. Please allow up to three weeks for processing P.A.C.E. application. Do Not submit a race registration form with your P.A.C.E. application.

You can Mail, Fax, or Email (emails below) P.A.C.E. application pages 3 and 4 forms to: (also, page 5 if you checked yes to any questions on the PAR-Q)

Choctaw Nation P.A.C.E program  
One Choctaw Way  
Talihina, Ok. 74571

You can Fax to 918-567-7144 (if you fax, please confirm it was received)

### For more information contact:

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## **What Choctaw Nation P.A.C.E. provides for you...**

- Provide the registration fee for designated number of selected walk/runs throughout the year.

## **What you as a P.A.C.E. Club Member will provide for us...**

- Attend at least one P.A.C.E. walk/run event every 6 months from your sign on date

## **Rules/Guidelines**

- You must pre-register through P.A.C.E. for each P.A.C.E. event before deadline date.
- P.A.C.E. program will not accept any race day registration.
- P.A.C.E program also keeps track of race attendance. If you miss 3 races (**that you sign up for**) from your sign on month you will forfeit your membership privileges and you must wait 12 months before you submit a new P.A.C.E. application.
- You will become “inactive” by not attending at least one P.A.C.E. walk/run event every 6 months from sign on date. At the point of “inactive” you will forfeit your membership privileges and you must wait 12 months before you submit a new P.A.C.E. application.

## **Effective May 1<sup>st</sup>, 2017**

PACE member who picks up their race package and does not participate in the event will immediately forfeit their membership for 1 year. My suggestion would be, on races with early packet pickup that you do not pick the packet up ahead of time. Wait until the day of the event to pick it up in case unforeseen circumstances arise and prevent you from participating. There will be no exceptions, regardless of the circumstances, and this is why I advise you to pickup your packet the day of the race.

Also, any member intentionally wearing another person’s bib will immediately forfeit membership for 2 years.

# Required Form – Must Complete and Return REGISTRATION-INFORMED CONSENT

Check one: Applying for P.A.C.E. Membership  Re-Applying for P.A.C.E. Membership

## \*\*\*\*Important:\*\*\*\*

You must be accepted as a P.A.C.E. member before you can register for any P.A.C.E. event. Please allow up to three weeks for processing P.A.C.E. application. Do Not submit a race registration form with your P.A.C.E. application.

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (County) (Zip)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

(This is our main source of contact, so print clearly)

Male  Female Beginning Weight (optional) \_\_\_\_\_ (For registrants future knowledge only)

Native American:  Yes  No (Will not affect membership eligibility)

Tribal Affiliation(s): \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ work# ( ) \_\_\_\_\_

### **Please Review Rules/Guideline before signing:**

>You must pre-register through P.A.C.E., for each P.A.C.E. events before deadline date.

>P.A.C.E. program will not accept any race day registration.

> P.A.C.E program also keeps track of race attendance. If you miss 3 races (that you sign up for from your sign on date) you will forfeit your membership privileges and you must wait 12 months before you submit a new P.A.C.E. application.

>You will become “inactive” by not attending at least one P.A.C.E. walk/run event every 6 months from sign on date. At the point of “inactive” you will forfeit your membership privileges and you must wait 12 months before you submit a new P.A.C.E. application.

*I understand that my participation with P.A.C.E. involves physical exercise that may be strenuous at times. This activity involves risks and injuries that may occur during my physical fitness activity. I understand and agree that I should be in adequate physical condition or acquire a recommended physician clearance before engaging in this fitness and exercise program.*

*In the event of illness, injury or accident during my fitness participation as a member of P.A.C.E., I or my parent/guardian if I am a minor child, hereby release, hold harmless, discharge and agree not to sue the Choctaw Nation, partner school systems and organizations, their employees or representatives, and owners/leasers of premises from all liabilities or damages brought in litigation by other persons or parties on behalf of participants. This includes, but is not limited to liability of illness, injury or accident, lost, stolen or damaged property, or other risks that are not foreseeable which may occur during my participation. If illness, injury or accident occurs requiring immediate medical attention, I or my parent/guardian, if I am a minor, authorized sponsoring representatives to obtain necessary medical treatment for my condition.*

*I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/GuardianSignature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be signed by Parent or Guardian if child is under the age of 18)

# REQUIRED FORM- Complete and Return Physical Activity Readiness Questionnaire (PAR-Q)

Name \_\_\_\_\_

**What is a Par-Q? The Par-Q is a simple screening tool** and necessary before beginning this exercise program. The purpose is to clear for exercise or refer for further screening. The objective is not diagnostic, but to determine risk: orthopedic, cardiovascular and chronological.

**YES NO** Please read each question carefully and check the appropriate answer.

- 1) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2) Do you feel pain in your chest when you do physical activity?
- 3) In the past month, have you had chest pain when you were not doing physical activity?
- 4) Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5) Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6) Is your doctor currently prescribing medication for your blood pressure or heart condition?
- 7) Do you have insulin dependent diabetes?
- 8) Do you know of any other reason why you should not engage in physical activity?

If you answered **"Yes"** to one or more questions, you **MUST** complete a physical examination with physician consultation i.e. **LETTER TO PHYSICIAN** before becoming more physically active. (click link for Physician form)

If you answered **"No"** to all questions, you have reasonable assurance that you can safely increase your level of physical activity on a gradual basis. A physical examination is not required.

I have read, understood and completed this Par-Q form. I am aware that there are inherent risks associated with any physical activity and recognize that it is my responsibility to provide accurate health and medical history information.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Must be signed by Parent or Guardian if child is under 18 years of age)

If you answered, **"YES"** to any questions on the PAR-Q please have your physician complete this form after a physical examination? This form must be turned in to Choctaw Nation P.A.C.E program before full membership to P.A.C.E. Club is granted. A copy of the physical exam is not required.

# Letter to Physician

Dear Physician:

Your patient \_\_\_\_\_, wishes to become a member of the P.A.C.E. Walking/Running Program. This self-paced program involves progressive resistance training, flexibility exercises, and a cardiovascular routine, increasing in duration and intensity over time.

After completing a Physical Activity Readiness Questionnaire (PAR-Q) and identifying a medical condition, we agree to seek your advice before participation in this physical activity program.

A physical examination is required, so please make recommendations or restrictions that are appropriate for your patient.

Thank you.

Please check one of the following that apply.

<input type="checkbox"/>	I am not aware of any contradictions toward applicant participation in this physical activity program.
<input type="checkbox"/>	The application should not engage in the following activities:
<input type="checkbox"/>	I recommend the applicant not participate in this physical activity program.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (print): \_\_\_\_\_

Clinic/Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_