



TW Healthy Lifestyles P.A.C.E. Application/Packet

Choctaw Nation of Oklahoma – Tribal Wide

The Promoting Active Communities Everywhere (P.A.C.E.) 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. A Certificate of Degree of Indian Blood (CDIB) is not required to be eligible for participation. Members must reside within the Choctaw Nation of Oklahoma (CNO) service area, in addition to those who live in Bryan County. Participation in the program is allowed for those living outside the Choctaw Nation Reservation who are seventy-five (75) years of age and older, and their spouses.

How to become a P.A.C.E. Member: review rules/guidelines, complete and submit P.A.C.E. application and Physical Activity Readiness Questionnaire (PAR-Q), and upon approval and receipt of your welcome email, members can start entering P.A.C.E. Events.

You must be accepted as a P.A.C.E. Member before registering for any P.A.C.E. event. Please allow up to three (3) weeks for processing P.A.C.E. application(s). Do not submit a race registration form with your P.A.C.E. application.

P.A.C.E. applications may be submitted by mail, fax, or email to:

Choctaw Nation P.A.C.E. Program
One Choctaw Way
Talihina, OK 74571

Fax: 918-567-7144 (confirm receipt)

For more information or to email application contact:

Name	Email	Phone
Doris Winlock	dgwinlock@cnhsa.com	539-316-6958
Heather Mize	hcmize@cnhsa.com	539-316-6044
Bridget Medders	bdmedders@cnhsa.com	539-316-6675

Choctaw Nation P.A.C.E. provides the registration fee for a designated number of selected walk/runs throughout the year. P.A.C.E. Members are to attend at least one (1) P.A.C.E. walk/run every six (6) months from sign on date. A schedule/calendar will be provided via email upon P.A.C.E. registration acceptance.

Packet Pickup

Any P.A.C.E. Member who picks up their race packet before race day or on race day and does not participate in the event will immediately forfeit their membership for twelve (12) months. There will be no exceptions, regardless of circumstances, and therefore it is advised to pick up race packets on the day of the race. Any P.A.C.E. Member intentionally wearing another person's bib will immediately forfeit membership for two (2) years.



P.A.C.E. Application-Informed Consent

☐ Applying for P.A.C.E. Membership ☐ Re-Applying for P.A.C.E. Membership

☐ Updating P.A.C.E. Membership

Name Phone Number

Physical Address Mailing Address

City State County Zip

Age: _____ Date of Birth: _____ Email: _____

(Print clearly, main source of contact)

☐ Male ☐ Female Beginning Weight (optional) _____ (For registrant's future knowledge only)

Native American ☐ Yes ☐ No Tribal Affiliation(s): _____

Rules/Guidelines

- ☐ Members must pre-register through P.A.C.E. for each P.A.C.E. event before the deadline date.
- ☐ Must be at least three (3) years of age and must be able to complete P.A.C.E. events, (i.e., 1 mile, 5k, etc.; without any assistance from a stroller, wagon, being carried, etc. any time during the event).
- ☐ P.A.C.E. program will not accept any race day registration.
- ☐ P.A.C.E. program keeps track of race attendance. Three (3) missed races, which you sign up for, from your sign on date will forfeit your membership privileges and require a twelve (12) month waiting period before submitting a new P.A.C.E. application.

Not attending at least one (1) P.A.C.E. walk/run event every six (6) months from sign on date will result in becoming inactive. Inactive status forfeits membership privileges and will require a twelve (12) month waiting period before submitting a new P.A.C.E. application.

I understand my participation with P.A.C.E. involves physical exercise which may be strenuous at times. This activity involves risks and injuries which may occur during my physical fitness activity. I understand and agree 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 members. This includes, but is not limited to liability of illness, injury, or accident, lost, stolen or damaged property, or other risks which 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, authorize sponsoring representatives to obtain necessary medical treatment for my condition.

I have read this form and understand 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.

Member Signature Parent/Guardian Signature (if member is under 18) Date/Time



P.A.C.E. Participation Rules and Guidelines

What Choctaw Nation P.A.C.E. will provide to you:

The registration fee for a designated number of selected walk/runs throughout the year.

What you, as a P.A.C.E. Member will provide to the program:

You will attend at least one (1) P.A.C.E. walk/run event every six (6) months from your sign on date; and

Adhere to the following Rules/Guidelines:

- Pre-register through P.A.C.E. for each P.A.C.E. event before the applicable deadline date;
- Be at least three (3) years of age;
- Know P.A.C.E. will not accept any race day registration;
- Know the P.A.C.E. Program tracks race attendance, and if three (3) races you have registered for are missed from the time of your sign on date, you will forfeit your membership privileges and must wait twelve (12) months before you can submit a new application for membership;
- Know you will become “inactive” if you do not attend at least one (1) P.A.C.E. walk/run event every six (6) months from your sign on date;
 - Being “inactive” will forfeit your membership privileges and you must wait twelve (12) months from your forfeit date before you submit a new application for membership.
- In an effort to continually support the Core Values of the Choctaw Nation of Oklahoma, members will be expected to adhere to the following: and
 - Abstaining from the use of foul language or gestures;
 - Not wearing clothing having profane, obscene, or defamatory language or symbols, ethnic slurs, or symbols of drugs, sex, or alcohol; and
 - Be respectful to others at all times during events.

Participants identified at P.A.C.E. sponsored events wearing clothing having profane, obscene, or defamatory language or symbols, ethnic slurs, or symbols of drugs, sex, or alcohol will forfeit their membership for one (1) year.

By signing below, I agree to my understanding of the above stated Rules/Guidelines, and any defiance of the Rules/Guidelines can result in me being asked to leave the event.

Member Signature

Date/Time

Parent/Guardian Signature (if member is under 18)

Date/Time



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

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.

Please read each question carefully and check the appropriate answer.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said you have a heart condition in which you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness, or do you lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bone or joint problem which could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing medication for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have insulin dependent diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any other reason why you should not engage in physical activity? |

If you answered "Yes" to one (1) or more questions you must complete a physical examination with physician consultation, (i.e., Letter to Physician) before becoming more physically active.

If you answered "No" to all questions, you have reasonable assurance 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 there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate health and medical history information.

Member Signature

Date/Time

Parent/Guardian Signature (if member is under 18)

Date/Time



Letter to Physician

Dear Physician:

Your patient _____, wishes to become a member of the P.A.C.E. Walking/Running Program. The self-paced program involves progressive resistance training, flexibility exercises, and a cardiovascular routine, increasing 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 which are appropriate for your patient.

Thank you.

Please check one (1) of the following which apply.

- ☐ I am not aware of any contradictions toward applicant participation in this physical activity program.
- ☐ I recommend the applicant not participate in this physical activity program.
- ☐ The applicant should not engage in the following activities: _____

Physician Signature: _____ Date/Time: _____

Physician Name (Print): _____

Clinic/Hospital Name: _____

Address: _____

Phone: _____