

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	Extension
Doris Winlock	dgwinlock@cnhsa.com	800-349-7026	6958
Heather Mize	hcmize@cnhsa.com	800-349-7026	6044
Bridget Medders	bdmedders@cnhsa.com	800-349-7026	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.

Effective Date: 10/27/2023

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Registration-Informed Consent

□Applyi	ng for P.A.C.E. Membership	☐ Re-Applying for P.	A.C.E. Membership	
Name		Pho	ne Number	
Physical Address Mailing Address				
City	State	Cour	•	Zip
Age:	Date of Birth:	Email:		
□Male Native A	□Female Beginning Weiį merican □Yes □No Tribal /	ght (optional)	_	ure knowledge only)
☐ P.A.C ☐ P.A.C your	without any assistance from a C.E. program will not accept an C.E. program keeps track of rac sign on date will forfeit your nod before submitting a new P.A.	y race day registration ce attendance. Three (3 nembership privileges	3) missed races, whic	ch you sign up for, from
in becom	nding at least one (1) P.A.C.E. wing inactive. Inactive status for period before submitting a new	rfeits membership priv		
I understa activity in should be fitness an of P.A.C.E sue the Cl owners/le behalf of property, accident of sponsorin I have rea is my resp	and my participation with P.A.C.E. volves risks and injuries which main adequate physical condition of exercise program. In the event, I or my parent/guardian if I amnoctaw Nation, partner school systems of premises from all liability members. This includes, but is not or other risks which are not forestoccurs requiring immediate medic grepresentatives to obtain necess dithis form and understand there to onsibility to provide accurate and ility to monitor my individual physical provides a supplied that the provide accurate and ility to monitor my individual physical provides accurate and ility to monitor my individual physical provides accurate and ility to monitor my individual physical provides accurate and ility to monitor my individual physical provides accurate and individual physical provides accurate and ility to monitor my individual physical provides accurate and individual physical provides accurate accu	involves physical exercises of occur during my physical acquire a recommender of illness, injury or accided a minor child, hereby release of damages brought in the company of illness or damages brought in the company occur call attention, I or my particular of illness or medical treatment of the complete health/medical complete health/medical	cal fitness activity. I und physician clearance lent during my fitness pease, hold harmless, ditheir employees or reposite in litigation by other peases, injury, or accident during my participation afor my condition. It is a mated with any physical all history information.	derstand and agree I before engaging in this participation as a member ischarge and agree not to presentatives, and ersons or parties on t, lost, stolen or damaged on. If illness, injury, or minor, authorize
Member S	Signature		Date/Time	
Parent/Gu	uardian Signature (if member is u	nder 18)	Date/Time	

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Physical Activity Readiness Questionnaire (PAR-Q)

Name	::	
is to o	lear fo	is a simple screening tool and necessary before beginning this exercise program. The purpo or exercise or refer for further screening. The objective is not diagnostic, but to determine bedic, cardiovascular, and chronological.
Pleas	e read	l each question carefully and check the appropriate answer.
Yes	No	
		Has your doctor ever said you have a heart condition in which you should only do physica activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past month, have you had chest pain when you were not doing physical activity?
		Do you lose your balance because of dizziness, or do you lose consciousness?
		Do you have a bone or joint problem which could be made worse by a change in your physical activity?
		Is your doctor currently prescribing medication for your blood pressure or heart condition
		Do you have insulin dependent diabetes?
		Do you know of any other reason why you should not engage in physical activity?
-		rered "Yes" to one (1) or more questions you must complete a physical examination with onsultation, (i.e., Letter to Physician) before becoming more physically active.
-		rered "No" to all questions, you have reasonable assurance you can safely increase your lev activity on a gradual basis. A physical examination is not required.
with a	any ph	, understood, and completed this PAR-Q form. I am aware there are inherent risks associate nysical activity and recognize it is my responsibility to provide accurate health and medical irmation.
Mem	ber Sig	gnature Date/Time
 Parer	it/Gua	ardian Signature (if member is under 18) Date/Time

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Letter to Physician

Dear Physician:						
r patient, wishes to become a member of P.A.C.E. Walking/Running Program. The self-paced program involves progressive resistance training bility 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 you patient.	!					
hank you.						
Please check one (1) of the following which apply.						
\square I am not aware of any contradictions toward applicant participation in this physical activity program						
\square I recommend the applicant not participate in this physical activity program.						
\Box The application should not engage in the following activities:						
Physician Signature: Date/Time:						
Physician Name (Print):						
Clinic/Hospital Name:						
Address:						
Phone:						

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