



# 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	<a href="mailto:dgwinlock@cnhsa.com">dgwinlock@cnhsa.com</a>	800-349-7026	6958
Heather Mize	<a href="mailto:hcmize@cnhsa.com">hcmize@cnhsa.com</a>	800-349-7026	6044
Bridget Medders	<a href="mailto:bmedders@cnhsa.com">bmedders@cnhsa.com</a>	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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## 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

- Has your doctor ever said you have a heart condition in which you should only do physical 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?

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 you 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 application should not engage in the following activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

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

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

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