



**Nordic Walking Registration Form**

All information received on this form will be treated as strictly confidential. Natural Trekking Tours Inc. will not sell or distribute any information you provide to any other company or individual.

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

**Mailing Address:**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Telephone numbers:**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Email address:**

\_\_\_\_\_

**Date of Birth:** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Emergency contact information**

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

Relationship: \_\_\_\_\_ Contact number: \_\_\_\_\_

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

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

**How did you hear about us?**

- Friend
- Google search:
- Blog, Facebook,
- BNI (who \_\_\_\_\_)
- Email
- North Shore Tourism
- Poster
- Other \_\_\_\_\_

**What activities do you like to do for fun?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



**Help us help you!**

Please take a moment to share your goals and the obstacles to those so that we can make sure you get the most from us!

**Goals:**  
 What are the top 3 fitness goals you would like to achieve in the next 6 months?  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

How would you reward yourself once you have achieved these goals? \_\_\_\_\_

How committed are you to achieving your fitness goals? 1 2 3 4 5  
 (1= it would be nice but there are other things more important 5 = It's my number 1 priority!)

How can we help you achieve these goals?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Obstacles:**  
 What are your top 3 obstacles to achieving your goals?  
 \_\_\_ Time \_\_\_ Money \_\_\_ Fear \_\_\_ Boredom \_\_\_ Procrastination  
 \_\_\_ Injury \_\_\_ Self confidence \_\_\_ Low energy \_\_\_ Husband/ wife/ other \_\_\_  
 \_\_\_ Lack of motivation \_\_\_ Other: \_\_\_\_\_

**Work & Lifestyle:**  
 What is your occupation: \_\_\_\_\_  
 Physical Activities at work: ie sitting, lifting, driving etc \_\_\_\_\_  
 Rate the stress level of your occupation (1 none to 10 extremely): 1 2 3 4 5 6 7 8 9 10  
 What do you do for you stress release at the moment? \_\_\_\_\_  
 What are you 3 biggest sources of stress?  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

How many hours do you sleep a night (on average)? \_\_\_\_\_

What 3 activities/ sports you like participating in?  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_