

2018

Y Choose to Lose Registration Packet

**NEW Body Fat/Weight
Reading Equipment this
year!**



Important Info:

- ***Weigh in's will be every TUESDAY with the first Mandatory weigh in January 9th ! Weigh in times are 7:00 a.m. – 8:00 a.m., 12:00 p.m. – 1:00 p.m., and 7:00 p.m. – 7:45 p.m. REQUIRED to weigh in on 1st date of January 9th, the last weigh-in date of March 27th and four other weigh-ins between the 1st weigh in date and last weigh-in date.***
- ***Competition begins January 9th and ends on March 27th***
- ***Competition stats are based on % of body weight lost + % of body fat lost.***

Application Form

Please fill out this application completely and return with your application fee to:

**Mt. Sterling Community Center YMCA
PO Box 247 Mt. Sterling Community Center YMCA
Mt. Sterling Il. 62353**

The application deadline is **January 8th, 2016**. You must include your non-refundable

application fee. Fee is \$45 for each Non-member, \$25 for each Member.

This price is per

person on each four-person team. (Participating in the team competition is optional)

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Contact Information

Name _____

Address _____

Phone (home) _____ (work) _____
(cell) _____

Best time to contact _____

D.O.B. _____ Age _____ Weight _____ Height _____

Emergency Contact _____ Relationship _____

Team Name _____

Team Members (if any) 1. _____
2. _____
3. _____
4. _____

Mt. Sterling Community Center YMCA Member: Yes ___ No ___

Why do you want to participate in The Y Choose To Lose contest?

Health History

Name _____

Team Name _____

In order to design a safe and effective fitness program it is important that you complete the following health history. It is crucial that you answer all the questions honestly and to the best of your ability. Please be advised that all information is kept strictly confidential.

A. Check the appropriate response. Read all the questions thoroughly. YES NO

1. Has your doctor ever told you that you have heart problems? ____ ____
2. Has your doctor ever told you that you have high blood pressure? ____ ____
3. Have you ever had a stroke or heart attack? ____ ____
4. Have you ever had pain in your chest? ____ ____
5. Do you ever feel faint or have dizzy spells? ____ ____
6. Have you had surgery in the last six months? ____ ____

B. Check the appropriate conditions.

Diabetes ____ Epilepsy ____ Blood Pressure ____
Asthma ____ Arthritis ____ High Cholesterol ____
Heart ____ Pregnancy ____

C. Have you injured or have pain in the following areas? Check the appropriate lines.

Neck ____ Upper Back ____ Shoulders ____
Elbows ____ Lower Back ____ Hips ____
Wrists ____ Knees ____

If yes, please explain:

Informed Consent

Informed Consent for Competition Participation

I desire to engage voluntarily in the Mt. Sterling Community Center YMCA Y Choose To Lose Competition in order to attempt to improve my physical fitness. I understand that some recommended activities are designed to place a gradually increasing workload on the cardio respiratory system and to thereby attempt to improve its function. The reaction of the cardio respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following these recommended exercise's. These changes might include abnormalities of blood pressure or heart rate. I understand that I am responsible for monitoring my own condition throughout the competition and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the competition. I also affirm that my questions regarding the competition have been answered to my satisfaction. Also, in consideration for entering in the Mt. Sterling Community Center YMCA Choose To Lose Competition, I agree to assume the risk of any diet and exercise program, and further agree to hold harmless the Mt. Sterling Community Center YMCA and its staff members conducting the competition from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the competition. In signing this consent form, I agree to participate in any marketing and media requests that may be requested of me, including radio, print media and television. I also hereby consent to the Mt. Sterling Community Center YMCA for use for the purpose of advertising or promotion of my name and/or portrait, picture or photograph of me, or reproduction of it in any form.

Signature: _____ **Date:**
_____/_____/_____

Please Print:

Name: _____ **DOB:**
_____/_____/_____

Address: _____ **Phone:**

Name of personal physician: _____

Physician's address: _____ **Phone:** _____

Limitations and Medications:

