

# Biggest Loser Challenge

## Fall 2015 Registration Form



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

Member #: MF \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

1. **Payment:** **Form of Payment:**  Credit  Check: # \_\_\_\_\_  Cash

(Made out to Mission Fitness)

\$100/participant (Mission Fitness member)

\$250/participant (non-member)

2. Please circle your preferred t-shirt size (sizes are based on men's sizes): S M L XL 2XL 3XL

3. Please circle the **days** you are available to meet for your team workouts?

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

4. Please select the **time of day** you are available to meet for your team workouts **AND** put an \* next to your preferred time:

\_\_\_\_ Early Morning (5 AM – 8 AM) \_\_\_\_ Mid-Morning (8 AM – Noon) \_\_\_\_ Early Afternoon (Noon – 3 PM)

\_\_\_\_ Afternoon (3 PM – 5 PM) \_\_\_\_ Early Evening (5 PM – 7 PM) \_\_\_\_ Evening (7 PM – 10 PM)

5. If you are interested in being paired with another participant, please list the participant's full name:

\_\_\_\_\_

6. Are you currently on any medications? If so, please list below:

\_\_\_\_\_

7. Are you currently under a doctor's care? If so, please explain below:

\_\_\_\_\_

I understand that the use of exercise equipment and facilities at Mission Fitness may subject me to certain physical and medical risks that I agree to assume. I declare myself to be physically sound and suffering no physical impairment, condition, or illness that would prevent my safe participation in an exercise program at Mission Fitness. I further understand that the club assumes no responsibility for my personal safety and I hereby release the club, its officers, directors, agents, and employees from any and all liability which may arise directly or indirectly from any damage to me or my property as a result of my participation in exercise and/or use of the facilities at Mission Fitness.

\_\_\_\_\_  
**Participant Name (Print)**

\_\_\_\_\_  
**Participant Signature**

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

**Office use only:**

Date Received: \_\_\_\_\_

By (print first name): \_\_\_\_\_

**Paid:** \_\_\_\_ Yes (attach copy of receipt to form) – put completed forms in Abby Magness' mailbox

**Team Assigned:**  Blue  Red  Yellow  Pink  Orange  Green