

BIGGEST LOSER SEASON 19 – Spring 2018 - Registration Deadline Tuesday, April 3, 2018

(Request a coach, request teammates)

Name: _____ Home Phone: _____

Address: _____

Cell #: _____ Cell Phone Carrier: _____ (used for spinning session reminders)

OK for team leader to send text messages to this #? (Circle) YES NO

Email Address (required): _____

Date of Birth: _____ Age: _____ Male _____ Female _____

T-Shirt Size (circle one): S M L XL 2XL 3XL 4XL (all shirts will be unisex short sleeve t-shirt)

Price: _____ Member \$20 _____ Guest \$145 _____ Body Composition \$20 (additional fee)

I would like to be on the following Team Type: _____ Regular Team _____ Over 55 _____ Maintenance

This guest/member is to follow any and all rules and regulations established by EVERYBODY'S FUN & FITNESS CENTER. The under signed guest/member further agrees that any program designed for guests/members and all exercise shall be taken by the guest/member his/her sole risk and that EVERYBODY'S FUN & FITNESS CENTER shall not be liable to the guest or any other person for any claims, demands, injuries, damages, actions or causes of action what so ever arising out of, or connected with, the use by the guest of the services of the facilities of EVERYBODY'S FUN & FITNESS CENTER where the same is located.

The guest/member does hereby forever release and discharge EVERYBODY'S FUN & FINTESS CENTER from all claims, demands, injuries, action or causes of actions and from all acts of active or passive negligence on the part of the CENTER, company, corporation, club, its workers, agents, or employees. EVERYBODY'S recommends that the guest consult a physician prior to the use of EVERYBODY'S FUN & FITNESS CENTER facilities. The undersigned grant full permission to any and all foregoing use to his/her likeness, including photographs and videotapes for publicity and advertising purposes without compensation.

X _____ X _____
Signature Date

For Office Use Only:

- ___ Registration form filled out COMPLETELY
- ___ Health History form filled out COMPLETELY 5/3 (Week 3) _____
- ___ Info Sheet Received by Participant 5/10 (Week 4) _____
- ___ Staff Taking Registration _____ 5/17 (Week 5) _____
- ___ Pay Amount/Date/Method _____ 5/24 (Week 6) _____
- Shoes (circle) - ON or OFF 5/31 (Week 7) _____
- 4/12 (Initial) _____ 6/7 (Week 8) _____
- 4/19 (Week 1) _____ 6/14 (Week 9) _____
- 4/26 (Week 2) _____ 6/21 (Final) _____

EverBody's Fun & Fitness Center

HEALTH HISTORY FORM

Medical Professional's Name _____

Medical Professional's Phone (_____) _____

Date of Last Visit to Medical Professional: _____

Person to contact in case of Emergency:

Name _____ Phone (_____) _____

Emergency contact's relationship to you: _____

Are you taking any medications or drugs, including over the counter supplements, vitamins or herbs? If so, please list medication, dose, reason, and how long you've been on the medication.

Medication:	Dosage:	Prescribed for:	When started:

Does your medical professional know you are participating in an exercise program?

_____ Yes

_____ No

Do you now, or have you had in the past: (check if yes, leave blank if no)

1. _____ History of heart problems, chest pain or stroke
2. _____ Increased blood pressure
3. _____ Any chronic illness or condition
4. _____ Difficulty with physical exercise
5. _____ Advice from physician not to exercise
6. _____ Recent surgery (last 12 months)
7. _____ Pregnancy (now or within last 3 months)
8. _____ History of breathing or lung problems
9. _____ Muscle, joint or back disorder, or any previous injury still affecting you
10. _____ Diabetes or metabolic disease (thyroid, renal, liver)
11. _____ Cigarette smoking habit
12. _____ Obesity (more than 20 percent over ideal body weight)
13. _____ Increased blood cholesterol
14. _____ History of heart problems in immediate family
15. _____ Hernia, or any condition that may be aggravated by lifting weights

Please explain any "Yes" answers: