

# BIGGEST LOSER SEASON 20 – Fall 2018 - Registration Deadline Tuesday, August 28, 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)

Tiered Pricing:	<u>Member</u>	<u>Guest</u>	I would like to be on the following Team Type:
Basic Package 1/	\$25 _____	\$150 _____	Regular Team _____
Nutritional Package 2/	\$85 _____	\$215 _____	Over 55 Team _____
Complete Package 3/	\$100 _____	\$240 _____	Maintenance Team _____

This guest/member is to follow 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 at 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:	9/20 (Week 2) _____
___ Registration form filled out COMPLETELY	9/27 (Week 3) _____
___ Health History form filled out COMPLETELY	10/4 (Week 4) _____
___ Info Sheet Received by Participant	10/11 (Week 5) _____
___ Staff Taking Registration _____	10/18 (Week 6) _____
___ Pay Amount/Date/Method _____	10/25 (Week 7) _____
Shoes (circle) - ON or OFF	11/1 (Week 8) _____
9/6 (Initial) _____	11/8 (Week 9) _____
9/13 (Week 1) _____	11/15 (Final) _____

- 1/ **Basic Package** – Includes coach-led team, shirt, accountability, healthy tips, exclusive workouts, and much more.
- 2/ **Nutritional Package** – Includes basic package plus access to a registered dietician, recipes, nutritional plan, gift bag, and more!!
- 3/ **Complete Package** – Includes basic and nutritional packages plus pre/post body composition testing and body measurements.

# 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: \_\_\_\_\_

**EverBody's reserves the right to require a physician's release, prior to competing in the Biggest Loser program, upon their review of this questionnaire.**

**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: