

## PARTICIPANT REGISTRATION FROM

### Contact Information:

NAME ( LAST, FIRST, MI)			DATE:	
ADDRESS:				
CITY:			STATE:	ZIP:
PHONE( HOME):		CELL:		WORK:
EMAIL ADDRESS:				
EMERGENCY CONTACT:			RELATIONSHIP:	
PHONE (HOME):		CELL OR ALT #:		

### Participant Information:

DATE OF BIRTH:		AGE:	HEIGHT:	WEIGHT:
SEX: M      F		MARITAL STATUS: S   M   D   W   Sep		# of CHILDREN:
SMOKER:   Y      N		If yes, how long and # of packs per day:		
<b>HEALTH HABITS: (check all that apply)</b> <input type="checkbox"/> Consume alcoholic beverages <input type="checkbox"/> Consume processed foods <input type="checkbox"/> Consume artificial sweeteners ( i.e. Splenda, Sweet and Low...) <input type="checkbox"/> Take vitamins/supplements <input type="checkbox"/> Use non-prescription drugs ( i.e. Tylenol, Allergy meds...) <input type="checkbox"/> Use prescription drugs  <b>ACTIVITY LEVEL: (physical activity being any type of exercise to raise your heart rate)</b> <input type="checkbox"/> 0-2 Hours of physical activity per week <input type="checkbox"/> 2-4 Hours of physical activity per week <input type="checkbox"/> 4-6 + Hours of physical activity per week				<b>OFFICE USE ONLY</b>
				Notes:  <input type="checkbox"/> <b>IG</b> <input type="checkbox"/> <b>MF</b> <input type="checkbox"/> <b>WF</b>  <input type="checkbox"/> <b>PD</b>  Date: _____ Initial: _____

### Payment Information: Registration Fee \$65.Due at time of registration.

PAYMENT METHOD:		
CASH _____	CHECK _____	OTHER(specify) _____

By signing this form I am committing to this challenge and accept **all** the terms and guidelines listed in the **K.W.R.L Forever Fit Weight Loss Challenge** contract.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TEAM REGISTRATION FROM

**Team Information:**

<b>Date:</b>	<b>Team Name:</b>
<b>Sponsor:</b>	
<b>Team Members:</b>	<b>Individual Registered</b>
1. _____	Y / N
2. _____	Y / N
3. _____	Y / N
4. _____	Y / N
5. _____	Y / N

**Captain/Responsible Party Information:**

<b>Captain Name:</b>		
<b>Phone:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Email:</b>		

**Acknowledgements:**

By signing this form I am committing to this challenge and will be accountable for maintaining my 5 person team. I accept **all** the terms and guidelines listed in the **K.W.R.L Forever Fit Weight Loss Challenge** contract.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_