



TITUSVILLE YMCA **Lose2Win** WEIGHT LOSS CHALLENGE

TEAM REGISTRATION FORM

KICKOFF EVENT

Please attend one of the Kickoff Events for an overview of the competition, a question and answer session, and initial weigh-in. If you cannot attend one of these times, please contact the Y to make other arrangements.

Wednesday, January 2, 2019 @ 10:30 am, 12:00 pm, 4:30 pm, or 6:30 pm

Lose2Win OFFICIAL START DATE

Wednesday, January 2, 2019

REGISTRATION AND COST

- Complete and return the participant information form on the back (minimum of 4 team members).
 - Entry fee for each participant: \$20/YMCA Member and \$50/Non-Member
 - Registration deadline is Wednesday, January 2, 2019
 - Bring form and payment into the Titusville YMCA
OR mail form and payment to Titusville YMCA
505 W. Walnut St.
Titusville, PA 16354
- *Register early to avoid the registration line!
- For further information contact the YMCA at 814-827-3931

FOR MORE DETAILED INFORMATION, PLEASE REFER TO THE Lose2Win HANDBOOK

PLEASE READ, COMPLETE, AND SIGN THE OTHER SIDE OF THIS FORM **TITUSVILLE YMCA WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

As a participant in the "Titusville YMCA Lose2Win Weight Loss Challenge" I recognize and understand that there are inherent risks of physical and mental conditions, illnesses and/or injuries associated with engaging in physical activity and participating in classes and events. I further recognize that any and all risks are further compounded by the fact that some of the exercises and/or activities I may participate in are unsupervised at some or all times. I hereby consent to engage in any and all exercise programs and/or activities, supervised or unsupervised, solely at my own risk with full knowledge of the dangers and risks inherent within. I hereby release, waive, and forever discharge and agree not to sue the Titusville YMCA, its employees, Board of Directors, and/or other affiliated persons for any and all injuries, losses or damages and/or claims or demands of any type, known or unknown, on account of or in any way related to any illness, condition, and/or injury to my person or property, or which may result in my death. I further acknowledge the need for certain rules regarding the procedures related to activities during the Lose2Win Weight Loss Challenge. I therefore agree to abide by any and all such adopted rules.

**Lose2Win
TEAM REGISTRATION FORM**

TEAM NAME: _____

Your signature below indicates that you have read and agree to the "Titusville YMCA Waiver and Release of all Claims and Assumptions of Risk," and that you have read and agree to the rules of the Titusville YMCA Lose2Win Weight Loss Challenge.

*Parent/Guardian Signature and Physician Consent form required if under the age of 18.

TEAM CAPTAIN				
Name:			Age:	Sex: M F
Address:			Phone:	
City:	State:	Zip:	Email:	
Emergency Contact:			EC Phone:	
Participant Signature:			*Parent/Guardian Signature:	
TEAM MEMBER 2				
Name:			Age:	Sex: M F
Address:			Phone:	
City:	State:	Zip:	Email:	
Emergency Contact:			EC Phone:	
Participant Signature:			*Parent/Guardian Signature:	
TEAM MEMBER 3				
Name:			Age:	Sex: M F
Address:			Phone:	
City:	State:	Zip:	Email:	
Emergency Contact:			EC Phone:	
Participant Signature:			*Parent/Guardian Signature:	
TEAM MEMBER 4				
Name:			Age:	Sex: M F
Address:			Phone:	
City:	State:	Zip:	Email:	
Emergency Contact:			EC Phone:	
Participant Signature:			*Parent/Guardian Signature:	
TEAM MEMBER 5 (OPTIONAL)				
Name:			Age:	Sex: M F
Address:			Phone:	
City:	State:	Zip:	Email:	
Emergency Contact:			EC Phone:	
Participant Signature:			*Parent/Guardian Signature:	