Camp Darby's Biggest Loser
Contestant Registration Form

LAST NAME: _____FIRST NAME:_____

EMAIL:_____

TELEPHONE NUMBER:_____

DATE OF BIRTH:_____

EMERGENCY CONTACT:_____

RELATIONSHIP TO YOU:_____

IF MILITARY, UNIT/COMMANDER:_____

DATE OF LAST PHYSICAL:_____

HAVE YOU DISCUSSED YOUR FITNESS GOALS WITH A PHYSICIAN? YES NO

IF YOU ANSWERED NO WE HIGHLY RECOMMEND YOU SEEK PROFESSIONAL ADVICE AND A HAVE A COMPLETE PHYSICAL PRIOR TO ENGAGING IN ANY FITNESS/WEIGHT LOSS REGIMEN.

I understand that this is a self motivated program. The Camp Darby Fitness Center and its employees are not responsible for my progress or injuries I may sustain while undergoing this fitness challenge. I have been advised to seek medical advice and a complete physical prior to participating in any weight loss/ fitness program. I give consent for the Camp Darby Fitness Staff to conduct weight and body fat percentage calculations necessary to determine my progress in this program. I will adhere to and follow all regulations outlined in the programs MOI.

DATE:_____

SIGNATURE:_____

Once filled please return this form to the Camp Darby Fitness Center