

# Y Weight Challenge Registration Form



Siskiyou Family YMCA    350 N. Foothill Drive, Yreka CA 96097    530-842-YMCA    [www.siskiyou-ymca.org](http://www.siskiyou-ymca.org)

## Contact Information – Please Print Legibly

Name	
If under 18, Name of Guardian	
Street Address	
City, ST, ZIP Code	
Home Phone	
E-Mail Address	
Circle One: <b>Individual or Team of 4</b>	Team Members Names:
	1.
	2.
	3.

## 2010 Y Weight Challenge Eligibility Requirements

1. All participants are required to pay the \$15 registration fee.
2. Participants must be a resident of Siskiyou County
3. Previous winners may compete but are ineligible to win prize money.
4. Any participant who has had gastric bypass surgery or related stomach surgery in the past six months or is pregnant is ineligible to participate.

## A physician should be consulted before a diet and exercise regimen is started

During the contest the YMCA may take photographs to promote the Y WEIGHT CHALLENGE or other YMCA programs. You have the right to request that you and/or your child's name or photograph **not** be included as a part of any publicity or promotions by the YMCA. Please indicate below if you give permission for inclusion of you and/or your child's name or photograph in any publicity or promotions

Yes, I give permission to the YMCA to use my and/or my child's name and/or photograph for purposes of publicity or promotions.

No, I do not give permission to the YMCA to use my and/or my child's name and/or photograph for purposes of publicity or promotions.

## Release of Liability in consideration of my acceptance for entry in Siskiyou Family YMCA's Y WEIGHT CHALLENGE.

I hereby waive, release and discharge any and all claims or damage, which may have or which hereafter may accrue to me or to the above listed members of my family as a result of my participation in the YMCA Y WEIGHT CHALLENGE. This release is intended to discharge in advance the sponsors and any involved or connected in any way with my participation in said event even though said liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

## Official YMCA Use Only!

<b>Starting Weight</b> January 16, 2010		<b>Final Weight</b> April 10, 2010	
2 <sup>nd</sup> Weigh In, Feb 6		<b>Final % of Weight Loss</b>	
3 <sup>rd</sup> Weigh In, Feb 27			
4 <sup>th</sup> Weigh In, March 20			
		T-Shirt Size:	Rcvd:
Shoes On? Yes    No		Scale Number:	

\$15 Registration Fee Paid \_\_\_\_\_  
Staff initials