

Mission: TEAM Challenge



... a team approach to total wellness!

Registration form

Participants must register in person and team placements are first come, first served.
Team must have 10 participants to compete in the program.
Please complete the questionnaire on the reversed side as well!

Name _____ T-shirt size: _____
Address _____ Zip Code _____
Telephone: Work _____ Home _____
Email Address: _____ @ _____
Other family participants _____
_____ Male _____ Female Age: _____ (Staff only: Team: _____)

Teams available:

Please circle and mark down your 1st and 2nd choice for the trainer and time you would prefer.

<u>Lead Trainer</u>	<u>Meeting Day and Time</u>	<u>Team Color</u>
Pam Bailey	Mondays, 7:00 p.m.	Pink
Chris Snyder	Thursdays, 5:30 p.m.	Forest Green
Janice Wenke	Tuesdays, 4:15 p.m.	Azalea
Amy McKeown	Thursdays, 5:15-6:15 a.m.	Chocolate
Matt Orsini	Tuesdays, 4:00 p.m.	Black
Ink Young	Thursdays, 7:00 p.m.	Royal Blue
Shawna Gursky	Mondays, 5:30 p.m.	Lavender
Rob Matasich	Tuesday, 6:00 p.m.	Light Blue
Brent Wilkey	Fridays, 5:30 p.m.	Pacific Blue
Chris Rosel	Tuesdays, 5:15 a.m.	Denim
Kimberly Guild	Wednesdays, 4:30 p.m.	Light Mint
Mark Johnson	Mondays, 5:45 p.m.	Kiwi
Kathy Judkins	Tuesdays, 7:00 p.m.	Burgundy
Sarah Wolcott	Tuesdays, 10:00 a.m.	Orange Poppy

As of 8-11-2010.

Teams and Trainers may be added based on availability- we reserve the right to substitute trainers as needed.

Each team will also have an assistant coach.

General Instructions: Please fill out this form as completely as possible. This form is a means of establishing your current health and activity level as well as your goals and interests as they pertain to exercise and fitness. With this information, our trainers will be better able to serve you in providing a program to meet your needs.

My health and fitness goals:

- Increase fitness
- Lose weight
- Reduce stress
- Have fun
- Better health (i.e. lower Blood pressure) _____
- Family activity
- Other _____

Has your physician given you approval to participate in activities including exercise? YES NO

Do you have a history of injuries that would prohibit you from any particular exercises? _____ If yes, what?

In the past six months, what regular physical activities have you participated in? _____

How often? _____ For how long? _____

Are you currently taking any medication? _____ For? _____

Cigarette Smoker? (Currently) _____ How many p/day? _____ Have you smoked in the past 6 months? _____

Do you feel like you are overweight? _____ underweight? _____ How much would you like to gain/lose? _____

How would you use to describe your current diet?

How many cups of water do you drink per day on average (1 cup = 1 glass)? 1 2 3 4 5 6 7 8 9 10 or more

How many hours of sleep do you normally get per night? 1 2 3 4 5 6 7 8 9 10 or more

Based on your lifestyle, how much time can you comfortably allocate for working out per week? _____ days per workout? _____ minutes

Have you ever participated in resistance/weight training before? YES NO

Have you ever participated in YMCA Mission: Wellness Programs before? YES NO

If Yes, What programs: _____

How high is your current stress level (1 being the lowest, 10 the highest): 1 2 3 4 5 6 7 8 9 10

How did you hear about Mission: Team Challenge Program:

What are your expectations for the Program:

