#### 2019 Team Weight Loss Challenge

## Sign Up Form

Thank you for your interest in joining the Team Weight Loss Challenge! This is a 12 week challenge to all individuals/teams interested in testing themselves physically and mentally. The goal of this challenge is to encourage participants and their teams to get up and get active as they strive to reach a healthy body weight! Teams will consist of 3 members including one team captain (1 female/male required). Team captain is responsible for keeping contact with the Wellness Center staff, ensure teammates show up for weigh ins, keep their teams motivated, and encourage participation in fitness activities. Teams will report to the Wellness Center and total team body weight will be measured. Teams will be measured every 4 weeks for 12 weeks (See Dates Below). Winners will be determined by the team that loses the most combined body weight. ALL registration forms must be PHYSICALLY turned in at the Wellness Center receptionist desk or D6 Service Center with fitness instructor Charles Aragon.

### Incentives will be given to the following

- Top 3 teams
- Overall Male and Overall Female

(Individuals must be on a registered team)

#### Weigh Ins

Participants who complete all 4 weigh ins are eligible to receive an incentive at the end of challenge, for participation. (Weigh-in Locations: Wellness Center & D6 Service Center w/ fitness instructor Charles Aragon)

# Fill Your Fit Book For Points (Opportunity to earn additional incentives)

Each team is encouraged to attend group classes instructed by fitness instructors located at the Boys & Girls Club, and other Wellness sponsored classes. A fit book will be given to every participant to track points and weigh ins(1 page=1 week). Participants may attend a fitness class or workout for 30mins at the Wellness Center for a MAX of 4 times per week. Once class or a 30 min workout is completed, fit book must be signed & dated in the exercise/note section by a Wellness Center staff. Example:

EXERCISES	WT.	SETS	REPS	TIME	DIST.	Notes
Lunch Class			EXAMPLE			<b>PJ</b> 11/26

Receive  $\frac{1 \text{ POINT}}{1 \text{ POINT}}$  for every class or physical activity sponsored by the Wellness Center. After  $\frac{4 \text{ POINTS}}{1 \text{ POINTS}}$  (MAX) are received  $\frac{1 \text{ POINTS}}{1 \text{ POINTS}}$ , participants are eligible for an incentive drawing held at the end of the program. Drawing will take place at end of the program.  $\frac{4 \text{ POINTS}}{1 \text{ POINTS}} = \frac{1 \text{ Ticket for Drawing}}{1 \text{ POINTS}}$ 

# LIMITED TO THE FIRST **50** TEAMS, NO LATE REGISTRATIONS WILL BE ACCEPTED DEADLINE: Friday January 4, 2019 at 2:00pm IMPORTANT DATES

Participants are **REQUIRED** to weigh in at The Wellness Center or D6 Service Center during the following time frames to get baseline numbers and track progress. Teams who miss weigh ins will receive a penalty to their total score:

January 7<sup>th</sup> – January 11<sup>th</sup>
February 4<sup>th</sup> – February 8<sup>th</sup>
March 4<sup>th</sup> – March 8<sup>th</sup>
April 1<sup>st –</sup>April 5<sup>th</sup>

Baseline Weigh in 4<sup>th</sup> Week Weigh In 8<sup>th</sup> Week Weigh In 12<sup>th</sup> Week Final Weigh in Day

Геаm Name	
Team Captain	
Name	EMAIL
Birth date Age	Gender: M / F GRIC Member? Yes / No
Other tribal affiliation	a INDIAN CO
Signature	NIESS - WA
in this activity. I further agree that the Tribal Recreation/Wellness Ce damages incurred prior, during or	t my own risk. I represent that I am in sufficient health necessary to participate the Gila River Indian Community, the District staff and/or facility along with enter will not be liable and/or responsible for any bodily injury, thefts or after the event. I will make no claim against the Gila River Indian Recreation/Wellness staff, or institute any legal proceedings for the personal g from this Community event.
# <b>2</b>	
Name_	EMAIL
Birth date Age	Gender: M / F GRIC Member? Yes / No
Other tribal affiliation	
Signature	
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# 3	
Name	EMAIL
Birth date Age	Gender: M / F GRIC Member? Yes / No
Other tribal affiliation	
Signature	

I hereby enter the above activity at my own risk. I represent that I am in sufficient health necessary to participate in this activity. I further agree that the Gila River Indian Community, the District staff and/or facility along with the Tribal Recreation/Wellness Center will not be liable and/or responsible for any bodily injury, thefts or damages incurred prior, during or after the event. I will make no claim against the Gila River Indian Community, District staff, Tribal Recreation/Wellness staff, or institute any legal proceedings for the personal injuries or property damage arising from this Community event.