

THE BIGGEST LOSER IN ATLANTA
Application Form

Personal information

Full name (print): _____

Gender: Male _____ Female _____

Home address (optional) _____

City _____ State _____ Zip _____

Phone number: _____ Email: _____

Medical history

Please check if you have or ever been diagnosed with:

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Joint pain
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Back pain
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Neck pain
<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Asthma

Statement of understanding

1. The Biggest Loser competition is for Ethiopians in the metro Atlanta area. It does not include personal training or fitness programs.
2. Registration fee is \$20 dollars per individual or \$35 dollars per couple.
3. Each competitor will be weighed by the program coordinator at 2791 Clairmont Road N.E., Atlanta, GA 30329 on the following dates: July 24, 2010, August 28, 2010, and September 25, 2010 from 9 am-12 noon.
4. Each competitor logs his/her progress and is required to email weekly weights (every Friday) to dr.tseday08@gmail.com.
5. The winner is determined by the percentage of weight loss (calculated by dividing number of pounds lost by starting weight, then multiplying it by 100).

By signing below, you attest to the truthfulness of all information given on this application.

I am in good physical condition and that I have no disability, impairment or ailment preventing me from involving in The Biggest Loser in Atlanta competition. I understand that I am responsible for monitoring my own condition throughout my exercise and diet changes. In the event that I wish to discontinue this competition for any reason, I will notify the program coordinator and discuss this before discontinuing.

Signature _____ Date _____