



PARTICIPANT REGISTRATION FORM

Please circle which option you choose:

- Members - \$119** for Slimdown and MZ3 (\$59 Slimdown/\$60 MZ3)
- Members - \$59** for Slimdown ONLY
- Non-Members* - \$169** Slimdown and MZ3 (\$89/\$80 MZ3)
- Non-Members* - \$89** for Slimdown ONLY

Participant Name _____ Member _____ *Non-Member _____

*(*without a membership you will only be able to come to the Y for the weekly weigh-ins and Slimdown events)*

Address _____ City _____

Zip Code _____ Sex M F Birth Date _____

Phone _____

***Email:** _____

***Email:** _____

*(*We will be communicating with you throughout the competition via email every week. Please write clearly.)*

****T-Shirts will be distributed in Week 3****

T-shirt Size: S M L XL XXL XXXL

***Team Name:** _____

Teammate #1: _____

Teammate #2: _____

Teammate #3: _____

*(*If you do not have a team, we will try our best to find teammates for you.)*

First official weigh-ins MUST be done during the 1st week of the contest. The contest officially starts Monday March 9th. Weigh-ins need to be done on either Tuesday March 10th, Thursday March 12th or Saturday March 14th.

I specifically assume all risks of injury arising out of my presence on the premises of the Greater Hartford Association YMCA, my use of its equipment or facilities and my participation in activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release and agree to hold free from all claims for damages of the Greater Hartford Association YMCA and its offices, directors, members, employees or agents. I understand the risks and dangers involved in participating in the programs and activities of the YMCA, I am physically capable of participating in such programs and agree not to participate in any activity that may injure myself or others. My signature also indicates my permission to use any pictures or any other media for promotional purposes. Lastly, I understand that there are no refunds for the contest registration fee.

Signature _____ Date _____

Staff Name _____ **Receipt#** _____ **Payment Type** _____