



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



The purpose of the SLimPOSSIBLE competition is to support your efforts to follow a healthy weight-loss diet and exercise program, and to establish patterns that you can continue long after the contest is over. Good attendance helps you stay on track toward meeting your weight-loss goal.

Weigh-ins take place on the first day and every week. Participants must lose a total of 7% of their weight to be eligible for the Fitness Voucher drawing. 1st place will receive a \$125.00 Fitness Voucher, 2nd place will receive a \$75.00 Fitness Voucher, and 3rd place (\$50.00 Fitness Voucher) will be in a drawing between all other participants who lost 7%. Fitness Program Voucher to be used at Twin Lakes Family YMCA only, vouchers don't hold true cash value.

(Contestants are prohibited from the use of any 'weight loss' drug, and will be disqualified without refund of the program cost if in violation. No discount will be offered for repeat participants.)

Prizes Are:

1st Place: \$125.00

2nd Place: \$75.00

3rd Place: \$50.00



JAN 13 - MARCH 7, 2020

5:45p-6:45p Mondays and
Wednesdays with Chance

8:30a-9:30a Wednesdays and
Fridays with Tracy

\$152.00 • YMCA Members

\$205.00 • Community Members



TWIN LAKES FAMILY YMCA FITNESS

Mission: SlimPOSSIBLE

JAN 13 - MARCH 7, 2020

- 5:45pm - Mondays and Wednesdays
with Chance
- 8:30am - Wednesdays and Fridays
with Tracy

PARTICIPANTS INFORMATION

NAME _____ YMCA ID# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ ALT. PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

ANY OTHER INFORMATION YOU THINK THE INSTRUCTOR SHOULD KNOW... _____

MEDICAL WAIVER: In the event that I require emergency medical treatment and my emergency contact cannot be reached. I hereby authorize the YMCA staff to make arrangements to transport me to the nearest hospital/emergency medical facility. I give my consent or any and all necessary medical treatment, if, in fact I require the attention of a physician.

WAVIER: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

PHOTO RELEASE: I give my consent for pictures taken of myself involved in YMCA programs to be used for future YMCA promotions or display.

REFUND/TRANSFER POLICY: I understand that the YMCA has NO refund policy. Details of the policy are available at the Member Service Desk.

SIGNATURE _____

DATE _____

YMCA STAFF USE ONLY (20FIT)

STAFF NAME

DATE

PAID AMOUNT

PAYMENT VERIFIED BY