

GIFT OF YOUTH CHALLENGE #14 REGISTRATION FORM



START DATE: December 1 to December 31, 2013

1. Name: _____
2. Address: _____

3. Email: _____@_____
4. Telephone: _____
5. Date of Birth: _____
6. When it comes to increasing or maintaining a consistent exercise routine, I am:
 - No yet ready to change
 - Thinking about changing
 - Ready to change
 - Making changes now
 - On track
7. Please check your **Exercise Level**:
 - Beginner:** currently exercise less than 30 minutes/day, 3 times a week
 - Intermediate:** currently exercise 30-49 minutes/day, 3-4 times per week
 - Advanced:** currently exercises 50+ minutes/day, 5+ times per week
8. In the month prior to starting this program, how many days per week were you physically active (average; 1-7 days)? _____

9. Please circle your age category:

- a. Pre-teen b. Teenager c. 20s d. 30s e. 40s f. 50s
g. 60s h. 70s i. 80s+

10. Please circle your t-shirt size: **Small Medium Large XL 2XL 3 XL**

11. Fees- Includes Activity Challenge Program Materials, and the chance to win great prizes at our end-of-**GIFT OF YOUTH**-Challenge dinner party

a. Participant fee: \$20.00 : \$ _____

b. Non-BMG/Epic affiliated participant: \$25.00: \$ _____

c. Extra t-shirt (size:____) Qty. ____ X \$9 (2XL-3XL add \$5): \$ _____

Sub-Total: \$ _____

Previous Challenge Participant? Subtract \$5.00: \$ _____

Total Fees enclosed: \$ _____

(Check made out to “**Beaver Medical Group**”)

12. **RELEASE-** Please read and sign

In consideration of your accepting my entry for Gift of Youth Challenge, I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive, **RELEASE** and discharge any and all rights and claims for damages which I may have, or which may hereafter occur to me against the Gift of Youth Challenge committee, planners, organizers, volunteers, Beaver Medical Group, L.P., Epic Management Inc., sponsors, contributors, the persons, or organizations affiliated, their representatives, successors and assigns for any and all injuries suffered by me due to my involvement in the Gift of Youth Challenge. I will additionally permit free use of name and pictures in broadcasts, television, radio, print, Internet, and any other form of media promotion. I attest and verify that I am physically fit to participate in the Gift of Youth Challenge, and have my doctor’s approval to exercise, if such approval is needed. There are no refunds if I withdraw or do not finish the Gift of Youth Challenge Program.

Signature (parent/guardian if under 18years of age)

date

13. Send this completed form with payment to:

Beaver Medical Group
Attn: Dr. Ernie Medina
Health Education Dept.
1150 Brookside, Suite U.
Redlands, CA 92373