



TEAM LEAN 2012

ENTRY FORM

You must be at least 13 years of age by January 13, 2012 to participate.

Please Print Clearly Did you participate in 2011 Team Lean? YES NO

First Name: _____ M.I.: _____ Last

Name: _____

Date of Birth: _____ Gender: _____ M _____ F (Check One)

Phone # (Cell): _____ Phone #

(Work): _____

Email

Address: _____

Address

(Mailing): _____

City: _____ State: _____

Zip: _____

COMPETITION CATEGORY: (Check One) INDIVIDUAL TEAM

Have you ever been diagnosed with Diabetes or Pre-Diabetes? YES NO

TEAM NAME: _____ * T-Shirt Size:

*T-Shirt Size: T-Shirts will be given away at the conclusion of the program. Please take weight lost

during the competition into consideration for T-Shirt size.

GENERAL RELEASE/ WAIVER

I understand that prior to beginning any specific diet or exercise program that I should consult my physician. This program is strictly to encourage a healthier lifestyle and is not promoting a particular diet or exercise program. In submitting my entry, I for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have now or hereafter arising against Archbold Medical Center, the Thomasville YMCA & Youth Center Inc., and all sponsors and their employees, officers, directors, principals, agents, representatives, successors, and assigns, including but not limited to any and all claims of damages, injuries, demands, actions whatsoever, however they may occur, arising as a result of my participation directly or indirectly in said Team Lean program. Any disputes should be directed to the Team Lean committee members. I hereby grant full permission to any and all of the foregoing to use my name, my voice, and /or picture in any broadcasts, telecasts, advertising, promotion or other account of this event for any purposes whatsoever without thought of remuneration.

If under 18 years of age, parent's signature required.

Participant Signature: _____

Date: _____

Do Not Write In This Section - Official Use Only

Amount Paid Check # Date Staff Initials

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TEAM ROSTER FORM

PLEASE READ:

- Designate one person as the Team Captain.
- Only the Team Captain should complete the Team Roster Form (one per team).
- Teams must consist of 4 or 5 people.
- Team Captain is responsible for understanding the rules and regulations, as well as serving as the main contact on all competition-related issues.

TEAM NAME: _____

TEAM ROSTER:

Team Captain

Name: _____

Member # 2

Name: _____

Member # 3

Name: _____

Member # 4

Name: _____

Member # 5

Name: _____

Team Members cannot be added/replaced once the program begins.



WIN by LOSING