



# New Bedford FITNESS Challenge

## Participant Application

**You have 3 Sign up Options! Please attend one of the following:**

1. **Our "Pre-Registration Day" on Thu., Jan 18th 3-6pm!**  
888 Purchase Street (Times Square/Olympia Building), New Bedford. (Rear Entrance)
2. **Our Kickoff Event on Sat., Feb 3rd, 11am-3pm** at the YMCA Southcoast, 20 S. Water St., New Bedford.
3. **Any class you are interested in!** Bring your \$5 and sign up at the site of your first class!

### PLEASE PRINT LEGIBLY

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ MALE  FEMALE   
Date of Birth \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

### AGE CATEGORY

- 16-19     20-29     30-39     40-49     50-55  
 56-60     61-65     66-70     71-75     75+

I am participating as an individual:  YES  NO  
I am part of a team:  YES  NO Team Name: \_\_\_\_\_  
If yes, please provide your Captain's Name on line below  
I am a team captain:  YES  NO Captain's Name: \_\_\_\_\_  
I am participating with my work:  YES  NO Worksite Name: \_\_\_\_\_

### Informed Consent for Program Participation

I, \_\_\_\_\_, do hereby apply application and give release to the City of New Bedford, New Bedford Parks, Recreation & Beaches, YMCA SOUTHCOAST, and all participating sponsors and partners, its staff and instructors, to be accepted and permitted to participate in the New Bedford FITNESS Challenge programs. In consideration of being accepted into this program, I do, on behalf of myself, my heirs, executors and administrators, release and discharge the said programs and all its agents and employees from any claims of demands which I now have or any time in the future may have resulting from any illness, injury or occurrence as a result of participation in this program. Furthermore, I agree to look to my private physician for medical care and certify that I am in good physical health and I am able to undertake and engage in the range of physical activities in which I choose to participate. I also agree to allow for pictures and/or videos of me to use for further promotion of this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Starting Weight: \_\_\_\_\_

Last Name

First

MI

Wrist Band

Office Use Only