Registration	Payment	Weigh-In	]	Measurement	Picture	Check out	
<b>*</b> 1	TOTALLY	/ FIT	Ц	E REG	ISTRA	TION	
Name			Age _		Birthday		
Address			City _		State, Zi	p	
Home Phone Cell Phone							
Email							
Spouse's Name Anniversary							
Emergency Contact Phone							
Cycle Start Date _			1	Total Body Weigh			
Which Cycle are you starting? #  f starting cycle one, please initial the following: affirm that I have participated or watched the entire FL Seminar (initial)			Measurement Tips: always use the same scale (No shoes) Do not weigh again until Day 70—let the fit of your clothes be your "scale."				
	email your teammate	es daily?	2	Waist:holding the tape	Measure your too lightly (or too lightly (or too lightly too light	waist without	
options below:  I will attend the fitness classes a MWF:6 AM, 8 AI MWF: 5:45 PM	one or more of the exect of the exect of the exect of the following time (M, 10 AM, 4:30 PM, (women only)  Pastors/Ministers only	ife group circle one):		approximately 1 i  Hips: widest point of your Chest: your chest at the	inch above your below a place the tape melour hips with your held appearance.	easure around the neels together.	
expense at (circ ☐ I will work out	I will attend another group fitness class at my own expense at (circle one) The FLC or elsewhere.  I will work out on my own completing 40 minutes minimum power walking.  Tase note: If you go to 3 classes a week you will need to ercise on your own (power walk, etc.) 3 additional days a total of 6 workout days and 1 rest day per week.  The ease Clause: I understand the following class policies:  All cycles will be paid for in advance.  Registration fee is nontransferable and nonrefundable.			one upper thigh a	Place the tap at its widest point. rements: mple 12 or 42):		
Exercise on your ow				(Women) Dress Size (example 12): (Men) Suit Size (example 46):			
Release Clause: I unders			3	1. Full length faci 2. Full length side			
<ul> <li>I understand that I a immediately and in- consult my physicia exercise program w suits, losses, or rela otherwise, during o</li> </ul>	am responsible for monitoring form the TFL Coordinator. In t in and obtain written permissi ith Dr. Ephraim Williams Famited cause of action for damag ir arising in any way from the can fitness training program wi	he event that a medion prior to the commily Life Center and fur es, including, but not exercise program. In s	cal cleara encementher agreal limited to signing the	nce must be obtained print of any exercise programet to hold St. Paul Mission os such claims that may realist agreement, I affirm that	ior to beginning my exerci n. I agree to assume the ri nary Baptist Church harml esult from my injury or de at I have read this form in	se program, I agree to isk of undertaking an ess from any and all claims, ath, accidental or	
I, the undersigned, have read and agree to the above, and I desire to engage voluntarily in a training program with The DEWFLC and SPMBC							
Signature of Applicant (Must be 18 or older)					Date		