

Registration

Payment

Weigh-In

Measurement

Picture

Check out



TOTALLY FIT LIFE REGISTRATION

Name _____	Age _____	Birthday _____
Address _____	City _____	State, Zip _____
Home Phone _____	Cell Phone _____	
Email _____		
Spouse's Name _____	Anniversary _____	
Emergency Contact _____	Phone _____	

Cycle Start Date _____

Which Cycle are you starting? # _____

If starting cycle one, please initial the following:

I affirm that I have participated or watched the entire TFL Seminar _____ (initial)

Do you commit to email your teammates daily?
(Circle one) Yes No

Please commit to one or more of the exercise options below:

I will attend the (1 hour) Totally Fit Life group fitness classes at the following time (circle one):
MWF: 6 AM, 8 AM, 10 AM, 4:30 PM,
MWF: 5:45 PM (women only)
TUE/TH 6 AM (Pastors/Ministers only)

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.

Please note: If you go to 3 classes a week you will need to Exercise on your own (power walk, etc.) 3 additional days For a total of 6 workout days and 1 rest day per week.

Release Clause: I understand the following class policies:

- All cycles will be paid for in advance.
- Registration fee is nontransferable and nonrefundable.
- I understand that I am responsible for monitoring my own condition throughout the exercise program. If any unusual symptoms occur, I will cease immediately and inform the TFL Coordinator. In the event that a medical clearance must be obtained prior to beginning my exercise program, I agree to consult my physician and obtain written permission prior to the commencement of any exercise program. I agree to assume the risk of undertaking an exercise program with Dr. Ephraim Williams Family Life Center and further agree to hold St. Paul Missionary Baptist Church harmless from any and all claims, suits, losses, or related cause of action for damages, including, but not limited to such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program. In signing this agreement, I affirm that I have read this form in its entirety and that my questions regarding a fitness training program with The DEWFLC and SPMBBC have been answered to my satisfaction.

I, the undersigned, have read and agree to the above, and I desire to engage voluntarily in a training program with The DEWFLC and SPMBBC

Signature of Applicant (Must be 18 or older) _____ Date _____

1	Total Body Weight: _____ 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.”
2	Have Someone Assist You In Measuring Waist: _____ Measure your waist without holding the tape too tightly (or too loosely). As a rough guide, your waist is the narrowest part of your trunk, or approximately 1 inch above your belly button. Hips: _____ Place the tape measure around the widest point of your hips with your heels together. Chest: _____ Place the tape measure around your chest at the nipples. Thighs: _____ Place the tape measure around one upper thigh at its widest point. . Clothes Measurements: Pants Size (example 12 or 42): _____ (Women) Dress Size (example 12): _____ (Men) Suit Size (example 46): _____
3	Before Photos: (in workout clothing) 1. Full length facing camera shot 2. Full length side shot