

Total Number of participants

# HEALTHYHAYWOOD

FITNESS CHALLENGE 2012  
Registration

I AGREE TO respect the space, equipment, and staff at each facility. I also agree to follow the rules of each participating facility. I understand if I am not able to abide by these rules, my card can be taken - resulting in the termination of my participation in the Fitness Challenge. If I am registering others, I agree to relay the Fitness Challenge expectations. Finally, I understand that the VALUE of my card is approximately \$240 (\$10 per visit). My cost is only a one-time fee of \$10. I will be considerate of those donating time, expertise, and space for me to exercise at such a low cost. I will direct any concerns to the Healthy Haywood Coordinator, not the participating facilities. As a participant of Healthy Haywood's Fitness Challenge, I do not hold any event sponsor liable for physical injury or harm.

PRINT  
NAME \_\_\_\_\_

SIGN  
NAME \_\_\_\_\_

## PLEASE PRINT CLEARLY

Name(s): You may list multiple names if everyone lives in the same house.  
(Please include first and last names.)

Note: Each person must buy their own \$10 card.

Name 1 \_\_\_\_\_ Age \_\_\_\_\_

Name 2 \_\_\_\_\_ Age \_\_\_\_\_

Name 3 \_\_\_\_\_ Age \_\_\_\_\_

Name 4 \_\_\_\_\_ Age \_\_\_\_\_

Name 5 \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you participated in the Fitness Challenge before? Yes No

How did you hear about the Haywood County Fitness Challenge? Circle all that apply

Newspaper / Flyer @ Work / Word of Mouth / Radio

Website / E-mail / Participated in the Past

