

Complete Health Makeover

Application 2011

You will need to *turn in this application to the Colville Fitness Center, before July 1st 2011* in order to be accepted as an applicant of the Complete Health Makeover. Get Fit Colville's Complete Health Makeover is our attempt at significantly improving the health of a few people in our community, through intensive, direct lifestyle intervention. We will form a team of support, accountability, instruction, encouragement, and supervision, to help make your choice to improve your health a success. We will have fitness experts, and medical personnel working together for your benefit. We are looking for people who are at high risk for health problems due to medical concerns and/or lifestyle habits. We will work with your doctor to ensure that the individual program we outline for you is medically sound and safe. We will document your progress through articles and pictures. **If selected, you will receive a year membership to the Colville Fitness Center, weekly personal training sessions with Kimberley LaDuke, Weekly accountability and information meetings (Monday Nights @ 7:00), nutrition guidance and accountability.** You will receive points for completing your workouts, diet tracking, weekly personal training and weekly group meetings (one point for each, every time). We will require that you provide a deposit of \$50, that you will receive back at the end of the Makeover (June 2012) as long as you earn 225 points by that time. If you successfully complete the program you will not only receive your deposit back but you will earn \$1 for every pound you loose, and \$.50 for every point above 225 points (up to 200 extra points). If you drop out of the program, your gym membership will be given to someone else and Get Fit Colville will keep your deposit. There will also be a 30 day trial period... if you do not earn at least 20 points in that 30 day period; you will be dropped from the program.

Please complete the following:

(If you choose to complete the questions on a separate paper please attach the application to the front of the extra paper.)

Name: _____ Mailing Address: _____

E-mail: _____ Phone: _____ Current Weight: _____ Height: _____ Age: _____

On a separate sheet of paper please document a typical day of your eating habits, including what the food was, the time you ate it, the number of calories that food was, and a total of your daily calories. (Please be totally honest, there is no right or wrong answer!) Be sure to attach your calorie sheet to the back of this form!

1. Why do you want to be involved in the Complete Health Makeover?
2. What medical concerns do you have that place you at risk for disease?
3. Are you motivated and willing to have a team of people supervise and outline your food, beverages and exercise program?
4. Why do you think you have not been able to reach your goal(s) so far?

I agree to cooperate with the program outlined by the GFC Complete Health Makeover team, and to have my story documented and told through video, pictures, radio and articles. I commit to providing a deposit of \$50, and I understand that I will only get the deposit back if I complete the necessary requirements. And I also understand that if I am accepted into this program, I will no longer qualify for the year end prizes that are also a part of the Get Fit Colville weight loss challenge.

Signed: _____ Date: _____