

Aerobic Winter Challenge

2016-2017

Registration Form



Teams must consist of 5-10 members. Team Leader must be 18 years of age or older. Prize eligibility requirement is 14 days per month, at 30 minutes per day. We encourage healthy eating during the winter months by including monthly food challenges, nutrition tips and recipes in monthly newsletters!

1.) Participant Information:

Print Name Legibly

Team Name

Circle One: TEAM LEADER TEAM MEMBER

TEAM LEADERS ONLY:

E-mail: _____ Phone number: _____

Worksite: _____

(If not worksite, please write "community" and send directly to Tiffany Kerr)

NAPEBT, Northern Arizona University, North Country Healthcare, or Northern Arizona Healthcare Employee: Yes No

2.) **Check One:** ADULT YOUTH (between the ages of 6-17)

Prize eligibility: physical exercise requirement is 14 days/month at 30 minutes per day for every participant, ages 6 and up.

3.) Give this form and your **entry fee of \$10** to your TEAM LEADER.

If paying by check make payable to "CCPHSD - AWC."

Employees only (no dependents) of the following agencies have a discounted fee

- ❖ ***NAPEBT*** employee fee is **\$5** due to a subsidy by NAPEBT. This includes employees from **Coconino County, City of Flagstaff, NAIPTA, Flagstaff Unified School District, Flagstaff Housing Authority, Coconino Community College, and Accommodation Schools.**
- ❖ ***Northern Arizona Healthcare*** employee fee is **\$5** due to a subsidy from the Lifepath program. This includes employees from **Flagstaff Medical Center, Verde Valley Medical Center, and Sedona Medical Center.**
- ❖ ***Northern Arizona University*** employee fee is **\$5** due to a subsidy provided by the Employee Assistance and Wellness Program. ***Subsidy is available for benefit eligible employees only!***

4.) **TEAM LEADERS:** Send participant Entry Forms, Team Receipt, and fees to your Worksite Coordinator or Coconino County Public Health Services District by October 31, 2016.

Aerobic Winter Challenge 2016-2017 Terms of Agreement

- 1) I will record my progress on the wall chart or individual monthly activity log provided to each team. My TEAM LEADER will send in this information monthly.
- 2) I fully release the Coconino County Public Health Services District and the Arizona Department of Health Services of any legal liability for consequences related to my involvement in the Aerobic Winter Challenge activities and events.
- 3) I understand that strenuous exercise may be hazardous for persons who are overweight, have high blood pressure, are over 30, have undiagnosed health problems, or have not participated in a regular exercise program. I further understand that Aerobic Winter Challenge participants are urged to consult their physician before taking part in the program.

By signing below, you are verifying that you have read the above statements and agree to follow them.

Participant's Name (PLEASE PRINT)

Participant's Signature

Parent/Guardian Signature for participants under the age of 18

Do you want to purchase a dry-fit performance t-shirt or cotton hoodie?

No Yes

Please indicate which t-shirt and size you would like to purchase: Men's Women's

Short Sleeve (Men's & Women's Crewneck) - \$15.00

Small Medium Large X-Large 2X-Large (+ \$3) 3X-Large (+ \$4)

Long Sleeve (Men's Crewneck & Women's V-neck) - \$18.00

Small Medium Large X-Large 2X-Large (+ \$3) 3X-Large (+ \$4)

Cotton Pull Over Hoodie (Men's Size) - \$25.00

Small Medium Large X-Large 2X-Large (+ \$3) 3X-Large (+ \$4)

