

McFarlane Media and The Fit Lab present...

Insight 2 Health

FITNESS CHALLENGE

Registration Form

Print Name: _____

Phone 1: _____ Phone 2: _____

Address: _____
Street City/State Zip

E-mail: _____ (required for updates and team contact)

Age: _____ Desired amount of Weight Loss: _____ lbs

My physical activity level is: Low _____ Moderate _____ High _____

If you are a physically active person, how often do you exercise? _____

Do you have any health-related restrictions? _____

Emergency Contact: _____
Name Phone#

Registration Fee* of \$350 (*Non-Refundable*). Amount Paid: \$ _____

NOTE: There is an additional 3% or \$10.50 processing fee to pay with credit card.

I have been directed to consult my physician prior to starting any weight loss or exercise program. I wish to voluntarily participate in the Insight 2 Health Fitness Challenge to improve my physical fitness and health. However, I understand that there may be risks associated with any physical activity and weight loss; therefore, I hereby acknowledge that I am participating at my own risk.

Signed: _____ Date: _____

**This form must be returned with \$350 registration fee
Please make checks payable to and mail to:**

THE FIT LAB
1583 Hamline Av, Falcon Heights, MN 55108

4 Weekly Workout Options: M/T/Th– 6:30 pm, Sat – 9:00 am