



SIX WEEKS TO FITNESS CHALLENGE
REGISTRATION FORM

Contest Period: March 6, 2013 - April 17, 2013

**I.S. 166 George Gershwin Middle School
800 Van Sicken Avenue
Brooklyn, New York 11207**

**Wednesdays and Fridays
5:00 p.m. – 6:30 p.m.**

Registration Period Ends Friday, March 1, 2013

Date: _____ Registration No: _____

Child's Name: _____ Age: _____

Parent's Name: _____ Age: _____

Home Phone: _____ Email: _____

Cell Number: _____

Address: _____

Does your child currently work out? _____ If so, how often? _____

Do you currently work out? _____ If so, how often? _____

How long have you been in the Live Light Live Right Program? _____

Have you had previous attempts at weight loss? _____

What are your fitness goals for the challenge? _____

Emergency Contact Name: _____ Home Phone: _____

Cell Number: _____

By registering for this challenge, the parent of the Live Light Live Right participant agrees that you are over the age of 18 and have no pre-existing or existing conditions that would prevent you from participating in mild to moderate exercise activities. You also acknowledge that you have read and agreed to the official rules and regulations for the Six Weeks to Fitness Challenge.

Signature of Parent: _____

TO BE FILLED OUT BY LIVE LIGHT LIVE RIGHT STAFF:

CHILD:

Beginning Weight: _____ Beginning Body Fat Percentage: _____

Waist Circumference: _____ Hip and Waist Ratio: _____

Blood Pressure _____ Blood Pressure _____ Blood Pressure _____

BMR: _____ (Attach Results)

Fasting Insulin and Glucose Levels: _____ (Attach Results)

Lipid Profile: _____ (Attach Results)

Signature (Live Light Live Right Staff Member): _____

CHILD: END OF COMPETITION:

Ending Weight: _____ Ending Body Fat Percentage: _____

Waist Circumference: _____ Hip and Waist Ratio: _____

Blood Pressure _____ Blood Pressure _____ Blood Pressure _____

BMR: _____ (Attach Results)

Fasting Insulin and Glucose Levels: _____ (Attach Results)

Lipid Profile: _____ (Attach Results)

Signature (Live Light Live Right Staff Member): _____

PARENT:

Beginning Weight: _____ Beginning Body Fat Percentage: _____

Waist Circumference: _____ Hip and Waist Ratio: _____

Blood Pressure _____ Blood Pressure _____ Blood Pressure _____

BMR: _____ (Attach Results)

Fasting Insulin and Glucose Levels: _____ (Attach Results)

Lipid Profile: _____ (Attach Results)

PARENT: END OF COMPETITION:

Ending Weight: _____ Ending Body Fat Percentage: _____

Waist Circumference: _____ Hip and Waist Ratio: _____

Blood Pressure _____ Blood Pressure _____ Blood Pressure _____

BMR: _____ (Attach Results)

Fasting Insulin and Glucose Levels: _____ (Attach Results)

Lipid Profile: _____ (Attach Results)

Signature (Live Light Live Right Staff Member): _____

Note: 60% of total score is based on body fat lost and 40% is based on total weight lost.