

City of North Little Rock Employee

BIGGEST LOSER CHALLENGE

APPLICATION



"Biggest Loser" Weight Loss Challenge Program, January 17, 2024 - April 10, 2024

First Name _____ Last Name _____

Address _____ City _____ State ____ Zip _____

Cell Phone(____) _____ Email _____ Age _____

What is your current Weight? _____ Height? _____ What is your desired weight? _____

Why do you want to participate in this program? _____

What are your food weakness? (circle all that apply) Bread Pasta Rice Potatoes Desserts Portion Control Other

Please select the time you will be able to attend your one day weekly mandatory group work out session:

- Monday 4:00pm Tuesday 4:00pm Wednesday 4:00pm Thursday 4:00pm
Monday 4:30pm Tuesday 4:30pm Wednesday 4:30pm Thursday 4:30pm
Monday 5:00pm Tuesday 5:00pm Wednesday 5:00pm Thursday 5:00pm

Mandatory weigh-in information:

First (mandatory) weigh-in is Wednesday, January 17 between 7:30 am to 4:30pm
Midway (mandatory) weigh-in is Wednesday March 13 between 7:30 am to 4:30 pm
Final (mandatory) weigh-in is Wednesday April 10, 2024 between 7:30 am to 4:30pm

How would you describe your current level of fitness? (circle one) Poor Fair Good Excellent

Medical History

Are you a current smoker? Yes No

Have you had any of the following? Heart attack/heart disease Heart surgery Please specify with dates _____

Do you have injury, pain or surgical history in any of the following?: (circle all that apply) Shoulders Spine Knees Ankles Hips

Do you have any other medical conditions that may affect your participations in an exercise program? If yes, please briefly explain. If no, please write no. _____

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge. I understand that any misrepresentation, falsification or omission will be sufficient cause for cancellation of the application. I understand that the medical information as presented within this form will be kept confidential.

Applicants Signature _____ Date _____