

Registration Form (April 18- May 29)

Visit www.mcdowellwellness.com for our online registration form or complete the following.

Name: _____

Gender: ___ M ___ F Age: _____

Phone: _____

Address: _____

Email: _____

(You will receive a weekly email newsletter. If you do not receive one within the first week of the challenge, contact McDowell Wellness Center. Hard copies may also be picked up at the Wellness Center).

Did you participate in any of the previous Get Moving Challenges? ___ Yes ___ No

Are you an EMH Associate? ___ Yes ___ No

If so, are you participating in the Wellness F.I.R.S.T. Program? ___ Yes ___ No

Youth t-shirt size: YS YM YL Adult size: S M L XL 2X 3X 4X 5X 6X

Are you participating as an individual or as a team? (Teams must consist of at least four members) ___ Individual ___

Team Team Name: _____

Do you give your permission for your name to be shared with other participants as a prize winner or for attaining a goal, etc.? ___ Yes ___ No

Do you have any suggestions for this or future Get Moving Challenges? _____



Get Moving Packets with instructions and forms will be available for download

or pick up at McDowell Wellness Center beginning April 5.

Waiver Form

Waiver: I recognize that the Get Moving Challenge is offered through McDowell Wellness Center and is a voluntary program that may involve strenuous activity. Any injuries that I may sustain are not the responsibility of McDowell Wellness Center. I assume the risk for any injury that may occur to me while participating in the program.

Signature or Parent/Guardian Signature (if under age 18)

Date

Return registration and waiver by Sunday, April 18 to McDowell Wellness Center, 1107 Ben Ali Drive, Danville, KY 40422. Fax: (859) 238-0171 or email to jfluty@emhealth.org