

TEAM LEAN 2020

ENTRY FORM

Please select one: Member _____

\$50 - Early Bird (before 12/31/19)

\$60 - Regular

Non-Member _____

\$70 - Early Bird (before 12/31/19)

\$80 - Regular

\$100 - (includes 8 week adult membership)

You must be at least 14 years of age by January 19, 2020 to participate.

<u>Please Print Clearly</u>	Did you participate in 2019 Team Lean? <input type="checkbox"/> YES <input type="checkbox"/> NO
First Name: _____	M.I.: _____ Last Name: _____
Date of Birth: _____	Gender: _____ M _____ F (Check One)
Phone # (Cell): _____	Phone # (Work): _____
Email Address: _____	
Address (Mailing): _____	
City: _____	State: _____ Zip: _____
Employer/Company Name: _____	
Emergency Contact: _____	Phone Number: _____
COMPETITION CATEGORY: (Check One) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> TEAM	
TEAM NAME: _____	* T-Shirt Size: _____
*T-Shirt Size: T-Shirts will be given away at the end of the program. Please take weight lost during the competition into consideration for T-Shirt size.	

GENERAL RELEASE/ WAIVER

I understand that prior to beginning any specific diet or exercise program that I should consult my physician. This program is strictly to encourage a healthier lifestyle and is not promoting a particular diet or exercise program. In submitting my entry, I for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have now or hereafter arising against Archbold Medical Center, the Thomasville YMCA & Youth Center Inc., and all sponsors and their employees, officers, directors, principals, agents, representatives, successors, and assigns, including but not limited to any and all claims of damages, injuries, demands, actions whatsoever, however they may occur, arising as a result of my participation directly or indirectly in said Team Lean program. Any disputes should be directed to the Team Lean committee members. I hereby grant full permission to any and all of the foregoing to use my name, my voice, and /or picture in any broadcasts, telecasts, advertising, promotion or other account of this event for any purposes whatsoever without thought of remuneration. If under 18 years of age, parent's signature required.

Participant Signature: _____ Date: _____

Do Not Write In This Section - Official Use Only

Amount Paid

Check #

Date

Staff Initials

TEAM LEAN 2020

TEAM ROSTER FORM

PLEASE READ:

- Designate one person as the Team Captain.
- Only the Team Captain should complete the Team Roster Form (one per team).
- Teams must consist of 4 or 5 people.
- Team Captain is responsible for understanding the rules and regulations, as well as serving as the main contact on all competition-related issues.

TEAM NAME: _____

TEAM ROSTER:

Team Captain

Name: _____

Member # 2

Name: _____

Member # 3

Name: _____

Member # 4

Name: _____

Member # 5

Name: _____

Team Members cannot be added/replaced once the program begins.