

WELCOME

Welcome and congratulations for taking a step in the right direction to a better and healthier you!

We are very happy that you have accepted our invitation to join a Weight Loss Challenge (WLC)! We believe you will be more than happy with your results and that it will exceed your expectations.

The WLC is a 12-week program where we meet together once a week for an hour. You will learn about proper nutrition, how to improve your eating habits and find out exactly how many calories a day your body burns. This new information will result in teaching you how to lose weight and keep it off. Our goal is to have our participants enjoy a healthy energetic lifestyle they can practice all their lives. Because of all the helpful information you will learn, your attendance at our weekly meetings is a KEY factor in ensuring your success.

We want to help you lose those unwanted pounds and inches and as part of our commitment, we will assign you a Personal Weight Loss Coach who will monitor and guide you to make sure you meet your goals. Your Coach will also be in communications with you so you may know each other better and to answer any questions you may have.

We envision the WLC as a place where you will feel comfortable to come together with others just like you, be able to compete in a friendly way with one another, and be able to keep track of your progress!

Most of all, it will be FUN!!!

So please be as active as you can... join the discussions! Some of the topics we will have in the next few weeks are:

- The importance of protein;
- How drinking water will accelerate your weight loss;
- How to maximize your metabolism;
- The importance of cleaning and having a healthy villi;
- Learning to read nutrition labels and going food shopping;
- And a whole lot more!

We strongly urge you to keep in constant contact with your Coach for ultimate results.

The WLC is where the “Biggest Losers become the Biggest Winners!”

Warmest Regards,
FSS WLC Coaches

Health Survey

PERSONAL DATA

Today's Date: _____

Last Name: _____ First Name: _____
 Age: _____ Birthday: _____ Email: _____
 Address: _____ Phone: () _____
 City: _____ State: _____ Zip: _____ Work: () _____
 Best day & time to call: _____ Height: _____ Current Weight _____

How much weight do you want to lose? _____ lbs
 What other programs / products have you tried in the past?

Why do you feel that these other program(s) did not work for you? _____

Do you have cellulite that you want to get rid of? _____ Yes _____ No
 Do you eat three meals a day? _____ Yes _____ No
 If no, which meal do you skip? _____
 Do you have a problem with snacking? _____ Yes _____ No
 If yes, what's the time you have a snack attack? _____ Daytime _____ Evening
 Where do you carry most of your unwanted weight? _____
 Do you take vitamin or any type of nutritional supplements? _____ Yes _____ No
 How many glasses of water do you drink daily? _____
 Do you eat out? _____ Yes _____ No How Often _____
 Where is your energy level, on a scale of 1-10 (1 = dragging) _____
 Are you currently taking any prescription medications? _____ Yes _____ No
 If yes, for what? _____

PLEASE CHECK ALL THE HEALTH CONDITIONS THAT APPLY TO YOU

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Acne
<input type="checkbox"/> Alcohol consumption
<input type="checkbox"/> Allergies
<input type="checkbox"/> Asthma
<input type="checkbox"/> Alzheimer's Disease
<input type="checkbox"/> Anemia
<input type="checkbox"/> Anxiety
<input type="checkbox"/> Arthritis
<input type="checkbox"/> Back Pain
<input type="checkbox"/> Bladder Infections
<input type="checkbox"/> Bruise Easily
<input type="checkbox"/> Caffeine Consumption
<input type="checkbox"/> Caffeine Sensitivity
<input type="checkbox"/> Calcium Deficiency
<input type="checkbox"/> Cancer - Type:
<input type="checkbox"/> Cellulite Accumulation
<input type="checkbox"/> Cholesterol: High
<input type="checkbox"/> Chronic Constipation
<input type="checkbox"/> Chronic Fatigue
<input type="checkbox"/> Chronic Sinusitis
<input type="checkbox"/> Chronic Sore Throat
<input type="checkbox"/> Circulation (poor) cold hands or feet | <input type="checkbox"/> Colitis
<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes
Type 1 ___ Type 2 ___
<input type="checkbox"/> Fatty Food Consumption
<input type="checkbox"/> Gall Bladder Disease
<input type="checkbox"/> Gall Stones
<input type="checkbox"/> Gout
<input type="checkbox"/> Heartburn
<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Arteriosclerosis
<input type="checkbox"/> Congestive Heart Failure
<input type="checkbox"/> Heart Attack
<input type="checkbox"/> Hernia
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> High Triglycerides
<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Hyperactive Child
<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Infections
<input type="checkbox"/> Insomnia | <input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Kidney Stones (currently)
<input type="checkbox"/> Low Energy
<input type="checkbox"/> Low Sexual Stamina
<input type="checkbox"/> Lupus
<input type="checkbox"/> Menopausal
<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Mood Swings
<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Nursing Mother
<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Premenstrual Syndrome
<input type="checkbox"/> Pregnant
<input type="checkbox"/> Recent Surgery
<input type="checkbox"/> Sick Child
<input type="checkbox"/> Skin Disorder
<input type="checkbox"/> Sleep Disorder
<input type="checkbox"/> Smoking
Stress Level
<input type="checkbox"/> Low ___ Medium ___ High
<input type="checkbox"/> Stretch Marks
<input type="checkbox"/> Ulcers | <input type="checkbox"/> Unhealthy gums
<input type="checkbox"/> Water Retention/Bloating
<input type="checkbox"/> Wrinkles
<p><u>DO NOT WRITE BELOW</u></p> Lean Body Mass: _____
Total Body Fat: _____
Excess Body Fat: _____
Target Weight: _____
RMR: _____
Calorie Intake for
Weight Loss: _____
Grams/Protein _____ |
|--|--|---|--|

Participant Summary of Rules

20__ Weight Loss Challenge

Challenge Begins the week of _____, 20__

Challenge Ends the week of _____, 20__

Participant Summary of Rules

1. Each challenge participant pays a nonrefundable prepayment of \$39.00 to enter the weight loss challenge for 12 weeks (Of which \$10 will be donated to a Children's Charity, www.gofitkids.org! \$25 goes into the paid out to the 1st, 2nd, 3rd place winners for the biggest percentage of body weight loss, not pounds and inches, \$4 goes to cover the weekly prizes and administrative expenses.).
2. If the participant gains weight from last recorded weight, they pay \$1.00* per pound gained. (There is not a charge for less than one pound).
3. Each participant is allowed one absence. Additional absences (for any reason), will be charged \$5.00* for each absence.
4. If the participant chooses to drop out, there will be no refund for monies paid in.
5. The challenge will be for 12 weeks.
6. Payout is as follows (you must have a weight loss to collect winnings): 50% will be paid to the person who loses the biggest percentage of their weight. 30% will be paid to the 2nd person to lose the biggest percentage 20% will be paid to the 3rd person to lose the biggest percentage.
7. Money* collected from gains/absences will be paid to the person with the most inches lost as long as they are not one of the 3 top winners.
8. The biggest weight loser is determined by the person who loses the biggest percentage of body weight. Therefore, men and women will have the same advantage and will all be combined in one payout pot.
9. All winners will be announced no later than _____.

Weight Loss Challenge Participant Agreement

I have received and agree to the rules of the Weight Loss Challenge.

I understand that the nonrefundable participant fee of thirty-nine dollars (\$39.00) entitles me to participate in the weight loss challenge 12week competition, which begins the week of _____, 20____ and ends _____, 20_____.

I agree to attend for the next 12 weeks, meeting at the established time and date with the Host for measuring and weighing. I further agree to pay \$1.00* penalty fee for **each pound gained** during the challenge. I understand that I am allowed one absence during the 12 week challenge, and I agree to pay \$5.00* for each additional absence (for any reason). I also understand that if I choose to drop out of the challenge, I am entitled to NO refund for any monies paid to the weight loss challenge. I further understand that the weight loss payout will be as follows: 50% goes to the First Place winner who loses the most percentage of body weight, 30% goes to the next person in line (second place) who loses the most percentage of body weight, and 20% goes to the 3rd person in line (third place) who loses the most percentage of body weight.

Males and females will be placed in one group. *The person who loses the most inches wins the money collected for gains and absences. Unless they are in the top 3 then the money goes to the next person. All winners will be announced by _____.

I acknowledge that I can choose to follow any weight loss program.

I, _____, agree to these terms on this

Date _____.

Address: _____
Street City State Zip

Phone: _____ Best time to call: _____

Birthdate: _____ email: _____

How did you hear about this challenge? (please check):

- Prior Participant
- Referred by Friend (name: _____)
- Newspaper Ad
- Postcard (color of postcard or name listed: _____)
- Other: _____

What do you have to lose?

Join a fun **Weight Loss Challenge** to help you reach your weight-loss goals!

You could even win a cash prize if you are one of the top achievers in your Challenge!



IN A 12-WEEK COURSE YOU WILL GET:

- Group support to cheer you on
- Your own personal coach
- A free meal plan
- Helpful tips and information on good nutrition and long-term health

Class size is limited, so call now & schedule your spot!
Join the Challenge for only \$39*

What do you have to lose?

Evening & Weekend Classes Available

207 E. Northern Lights, Ste. 121

To pre-register or for more information call:

907-306-1828 | Alaska.WeightLossChallenge.com

Meetup Calendar: <http://www.AKWeightLossChallenge.com>