



CHARLES & BARBARA DUBOC  
CARDIO HEALTH & WELLNESS CENTER

**2018 Weight Loss Competition Registration**  
**Please Clearly Complete the Following Information—**  
**Photo ID Required—Attach Copy**

**PLEASE PRINT ALL INFO CLEARLY**

Name (Last / First): \_\_\_\_\_  
LAST NAME FIRST NAME

Date of Birth / Sex: \_\_\_\_\_ Sex: M / F  
MONTH / DAY / YEAR CIRCLE ONE

Registration Location: Plaza / SLN / SLS / SLE / Other (list): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone / Cell / Other (circle one): \_\_\_\_\_

Payment Type: Cash / Credit Card / Debit Card / Check # \_\_\_\_\_

Registration Partner: \_\_\_\_\_

How did you hear about WLC? \_\_\_\_\_

Prior Participant? / Goal Pounds to Lose: Y / N Goal Pounds Wanting to Lose: \_\_\_\_\_

**Weight Loss Competition Winner Notified by May 31, 2018**

ID Number: \_\_\_\_\_ Height \_\_\_\_\_

Baseline Weight \_\_\_\_\_ Second Weight \_\_\_\_\_  
(Feb 5, 6 7, 8, 9) See individual sites for dates/time (Mar 7, 8, 9)

Third Weight \_\_\_\_\_ Final Weight \_\_\_\_\_  
(Apr 4, 5, 6) (Apr 30, May 1, 2, 3, 4)

I have read and understand the rules of participation for the elected competition. I consent to the screening required for participation. I understand these competitions are not under the supervision of any physician or other healthcare professional, and no physician / patient relationship is created by my participation. I assume full responsibility to determine, with my own healthcare provider, whether the elected competition is appropriate for my physical and medical condition, and to seek medical help for any health concerns I may have during the course of the competition. I understand that I must be at least 16-years-old to participate. I understand that I must be at least 12 months from pregnancy, gastric bypass, lap band procedure, laser, liposuction, or other type of procedure for weight loss. I understand that I cannot be a current participant of a medically managed weight loss program or program that is attached to a specific supplement / food product (i.e. HCG diet, Med-Weightloss, Slim4Life, Nutri-System, Jenny Craig, etc. - *Weight Watchers is an approved program*). I understand that if I am a prior participant, I must be within 15 pounds from my last participating weigh-in (within the last three years). I understand I may cease participating at any time, but the collected registration fee is non-refundable. I understand my personal information will not be released to third parties without my consent. I agree that the decision of Saint Luke's Cardio Wellness Center will be final and binding in all matters relating to the competition. I am solely responsible for the reporting of, and payment of, all taxes involved as a result of any winnings. Winners will be required to supply their valid social security number in order to redeem an award.

Signature \_\_\_\_\_ Date \_\_\_\_\_