



MELTDOWN

LOSE WEIGHT WIN CASH



Ages 16 +

\$25

**1ST PLACE
WINS \$1000**

Ages 10-15

\$15

**1ST PLACE
WINS \$500**

REGISTRATION OPEN THRU FEBRUARY 10!

Compete to see who can lose the largest % of weight in this weight loss program. The individual with the greatest percentage of weight loss will WIN CASH!

For Y members only.

Request a FREE CONSULTATION! Must be marked on the registration form. Consultations are by appointment only.

You will be weighed in by Wellness Center staff at the start, throughout and at the end of the program.

Weigh-in starts January 17th and are required on/before February 10th.
Final weigh-in required on/before March 27th. All calculations and/or ties will be determined by the YMCA Wellness Director.

WEIGH-IN TIMES:

Monday-Thursday 8:15am-1:00pm and 4:00pm-8:00pm

Friday 8:15am-1:00pm and 5:00pm-7:00pm

Saturday 9:00am - 3:30pm

Sunday 2:00pm-4:00pm

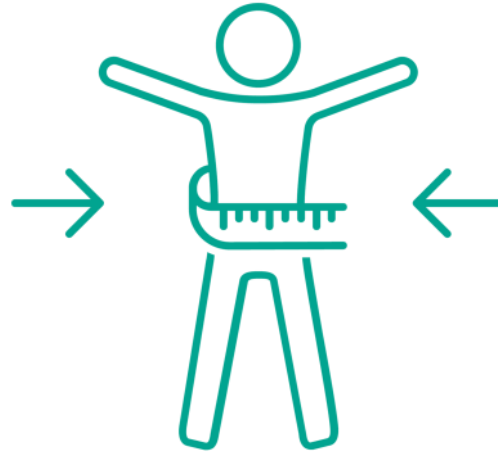
You can request a specific time that is not listed.

Program must meet minimum registration amount to run.
No refunds.



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WEIGH-IN SCHEDULE

MONDAY - THURSDAY

8:15am-1:00pm

4:00pm-8:00pm

SATURDAY

9:00am -3:30pm

FRIDAY

8:15am-1:00pm

5:00pm-7:00pm

SUNDAY

2:00pm-4:00pm

Must register for Melt-Down program first.

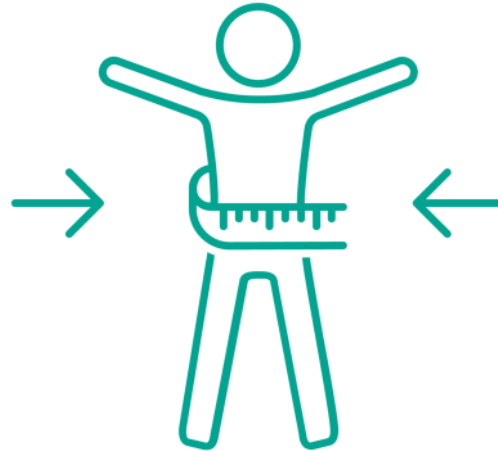
Weigh-ins begin January 17, 2024.

You can request a specific time if not listed.



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REGISTRATION FORM

PLEASE PRINT

COMPETING AS... _____

NAME _____

DOB _____ AGE _____

CELL # _____ Male/Female _____

CONSULTATION? YES NO

EMAIL: _____

PARTICIPATION WAIVER

PARTICIPANTS MUST SIGN SIGNATURE LINE IN ORDER TO BE ELIGIBLE TO PARTICIPATE. THE YMCA DOES NOT PROVIDE ACCIDENT OR MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS.

I GRANT THE YMCA AND ITS AGENTS PERMISSION TO TRANSPORT ME IN THE EVENT OF AN EMERGENCY. I RECOGNIZE THAT PARTICIPATION IN YMCA ACTIVITIES MAY EXPOSE ME TO SOME RISK OF INJURY. I AGREE TO HOLD THE YMCA HARMLESS FROM ANY CLAIMS FOR DAMAGE TO ANY PROPERTY OR INJURY TO PERSONS WHICH MAY OCCUR THROUGH PARTICIPATION IN ANY ACTIVITY AT THE YMCA.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. BY SIGNING THIS FORM, I AGREE TO PARTICIPATE IN THE YMCA PROGRAM WITH THE ABOVE CONDITIONS SET FORTH.

SIGNATURE _____ DATE _____

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