



MELTDOWN

LOSE WEIGHT WIN CASH



Ages 16 +

\$25

**1ST PLACE
WINS \$500**

REGISTRATION OPEN THRU FEBRUARY 3!

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.

Ages 10-15

\$15

**1ST PLACE
WINS \$200**

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 6th and are required on/before February 3rd.
Final weigh-in required on/before March 28th. 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

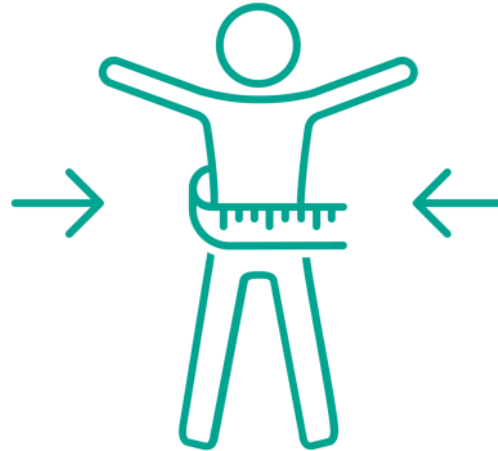
You can request a specific time that is not listed.

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



MELTDOWN

LOSE WEIGHT WIN CASH



Ages 16 +

\$25

**1ST PLACE
WINS \$500**

Ages 10-15

\$15

**1ST PLACE
WINS \$200**

WEIGH-IN SCHEDULE

MONDAY - THURSDAY

8:15am-1:00pm

4:00pm-8:00pm

SATURDAY

9:00am -3:30pm

SUNDAY

2:00pm-4:00pm

FRIDAY

8:15am-1:00pm

5:00pm-7:00pm

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

Must register for Melt-Down program first.
Weigh-ins begin January 6, 2025.
You can request a specific time if not listed.



MELTDOWN

LOSE WEIGHT WIN CASH



Ages 16 +

\$25

1ST PLACE
WINS \$500

2025 REGISTRATION FORM

PLEASE PRINT

TEAM NAME _____

YOUR 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 _____

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

Ages 10-15

\$15

1ST PLACE
WINS \$200