

2010 Lifestyle Makeover Application



ARFC North 2622 Stange Rd / ARFC South 320 S. 17th St / ARFC West 4700 Mortensen Rd

www.amesracfit.com

****Please complete and return this THIS FORM to any Ames Racquet & Fitness Center location or fax to 515-233-0617. Attn: PT Director, Deb Atkinson.**

Questions? Call Debra Atkinson, PT Director, at (515) 290-6188. OR Email PTdirector@amesracfit.com

Name: _____ Employer: _____

Age: _____ Do you smoke? Y or N Race: _____ (optional)

Address: _____

E-mail: _____

Phone Number: _____ Cell phone: _____

- Do you have any medical conditions that would prohibit you from participating in the Makeover Challenge? Y or N
- Would you be willing to get a signed release from your primary medical provider to participate? Y or N
- Rate your willingness to change from 1-5 (1= no interest in making major lifestyle changes, 5 = very ready) _____
- Are you able to submit blood work from the last three months or have it done for both pre and post assessments? Y or N
- Will you be able to participate for the entire 10 weeks beginning August 1, 2010 Y or N
- Are you able to attend morning, noon, and/or after work meetings with a dietitian, and a personal trainer? Y or N
- Will you be willing to attend additional grocery store tours, fitness instruction, and stress reduction classes available to you? Y or N
- Are you willing to be a part of interviews, a blog, be photographed during your participation in the program to share your progress and inspire others? Y or N

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