



Biggest Winner Enrollment Form—Each Contestant Must Fill Out Their Own Form.

Client Name _____ Date of Birth _____

Are You Currently A Velocity Member? Yes _____ No _____

E-Mail Address _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please Check Which Group: 8:30 AM _____ OR 7:30 PM _____

What is your current weight? _____ What is your goal weight? _____

How many meals per day do you eat? _____ How many snacks per day do you eat? _____

Are you taking supplements or meal replacements? _____ If so what brand? _____

Have you tried diets before? _____ Are you committed to sticking to a diet? _____

What are the main reasons for not sticking to a diet?

What are your objectives for this program? Please check all that apply.

Lose Weight _____ Toning Your Body _____ Confidence _____ Increase Energy Level _____

Ensure that I am getting proper and balanced nutrition _____

Please check any and all that apply:

I have high cholesterol _____ I am a vegetarian _____ I am diabetic _____

Waiver—Must Sign To Participate

By signing this registration form you acknowledge that you will hold Velocity Sports Performance harmless from any and all claims, cause of action, damages, judgments, cost of expenses, including attorney fees, which may arise from participants use of our presence upon the Facilities, including without limitation the negligence if any of Velocity Sports Performance (including its successors, assigns subsidiaries franchisees, affiliates, officers, directors, employees and agents). **Always consult your physician or health care professional before performing any new exercise, exercise program or beginning any new diet—particularly if you are pregnant, nursing, elderly, or if you have any chronic or recurring conditions.**

Signature _____ Date _____

TO PAY BY CREDIT CARD, PLEASE FILL OUT COMPLETELY

Credit Card Type: MC VISA DISC AMER EXP Credit Card # _____

Expiration Date _____ CW Code (three #'s on back) _____

\$340 F/ Single Registration, \$440 (Or \$220 Each) F/ Partner Registration

Amount Paid: _____ Payment Method: _____

If Registering As Partners, Who Is Your Partner? _____