

**2017**



# **BIG LOSER**

**CRESCO FITNESS CENTER**



## **APPLICATION PACKET**

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**To all applicants of the “BIG LOSER” contest:**

**Lose weight and get fit in a healthy, safe way for life! This sixteen week contest will focus on proper exercise and diet for individuals who would like to lose weight and/or get more physically fit. No tricks. No gimmicks. Just hard work and real results.**

**Deserving candidates will be selected to participate in the contest, which during the first 8 weeks, includes weekly group classes with some professional guidance. The following eight weeks will give you a chance to incorporate these new concepts into your life on your own. Throughout the process you will receive recognition through the Times Plain Dealer and at the conclusion, a prize package will be awarded.**

**Willing participants can be any size, possess any level of athletic ability, and have a strong desire to make a positive change in your life! Final results will be based on percentage of body weight lost and attendance at group meetings.**

**Participants will be selected based on a personal, detailed letter describing why you believe you deserve to be a “BIG LOSER” and a possible personal interview with the contest committee. Rules & guidelines may be added or deleted by the committee throughout the contest.**

**One thing to keep in mind as you begin this process; you will receive plenty of encouragement from the contest committee and from the entire community, however, the true motivation has to come from within.**

**This contest is designed to promote a healthy lifestyle program for you!**

**If you would like more information please call TJ Casper or Bill Caffrey at the Cresco Fitness Center. (563) 547-3443. e-mail: [parks@cityofcresco.com](mailto:parks@cityofcresco.com)**

**The deadline for registration is February 26, 2017. Contest runs March 1 – June 23.**

**Best of Luck,  
BIG LOSER contest committee**

**[www.cityofcresco.com](http://www.cityofcresco.com)**



## SCHEDULE

February 26 – Application Deadline. **REQUIRED**

Group meetings will be held on Wednesday nights, 5:30 PM at the Cresco Fitness Center. Meeting dates may change according to everyone's schedule.

**You must come prepared to work out at group meetings!**

\* March 1 – Possible interviews – Informational meeting – Photo session -- Weigh-in. **REQUIRED**

\*\* March 8 – Group meeting.

\*\* March 15 – Group meeting.

\*\* March 22 – Group meeting.

\* March 29 – Group meeting. Weigh-in. Update letter for Times Plain Dealer. (75-150 words) **REQUIRED**

\*\* April 5 – Group meeting.

\*\* April 12 – Group meeting.

\*\* April 19 – Group meeting.

\* April 26 – Group meeting. Weigh-in. Update letter for Times Plain Dealer. (75-150 words) **REQUIRED**

\* May 24 -- Weigh-in. Update letter for Times Plain Dealer. (75-150 words) -- Challenge Game. **REQUIRED**

\* **June 21 – PHOTO SESSION - LOSER WALKATHON - FINAL WEIGH IN. – 5:30 P.M. REQUIRED**

**June 23 – AWARDS CEREMONY - HOWARD COUNTY FAIR – 6:00 P.M. REQUIRED**

The awards ceremony will take place at the 'Mighty' Howard County Fair. Time and location may be determined at a later date. **This is a REQUIRED element of the contest.**

All group meetings, whether required or not, attendance is important. You will be given vital information to help you obtain your personal goals. Attendance will be awarded with extra points added to your percentage of body weight lost in the following matter:

\* 5 Required Meetings: 1 Point each meeting.

\*\* 6 Group Meetings: 0.5 Point each meeting.

**Note: It is possible to add a total of 8 points to your score by attending all meetings.**

# RULES AND GUIDELINES



## FEES

There is a **\$100** fee per person to participate in the BIG LOSER contest.

A check payable to: **CRESCO FITNESS CENTER** must accompany your completed application. This check will only be cashed if you are chosen as one of the final participants. All other checks will be returned.

Once you are chosen as a participant and have begun the contest, your fee is non-refundable.

The fee includes any BIG LOSER group classes and counseling plus admission into any regularly scheduled fitness or water aerobics class. These benefits apply for the first 8 weeks only and will expire on May 1.

## AWARDS

A prize package will be awarded to the biggest BIG LOSER, as well as the rest of the contestants. The packages, which are not yet fully established, are a combination of participation fees and cash donations and gift certificates of local sponsors.

**The real reward will be a happier, healthier you!**

## WINNING FORMULA

The winner, or BIG LOSER in this case, will be determined by using a formula based on percentage of weight lost and attendance at group meetings. **Weight Lost** divided by **Starting Weight = Percent of Body Weight Lost**. Highest point total wins. For example:

**Starting Weight = 200 lbs    Ending Weight = 171 lbs    Weight Lost = 29 lbs**  
**Percent of Body Weight Lost = 14.50%    Meeting Attendance = 8    Total Points = 22.50**

## REQUIRED EVENTS and ELEMENTS

All scheduled events listed as required are mandatory. If you fail to attend a required event you may be subject to either, a deduction of prize money, or disqualification from the contest. This decision will be at the discretion of the BIG LOSER contest committee.

Your personal letter (150-300 words) detailing why you deserve to be the BIG LOSER will be printed in the Times Plain Dealer if you are selected to be one of the participants. You will also be required to write monthly updates (75-150 words) to be printed in the Times Plain Dealer during the 16 week contest. **(Please e-mail these to [parks@cityofcresco.com](mailto:parks@cityofcresco.com))**

All events not listed as required can be attended at your choice. We have tried to design a contest that will help you reach your fitness goals, so while you are encouraged to attend all events, no penalty will be applied if a non-required event is missed. However you will earn extra points for attending.

Group meetings are held Wednesday nights, 5:30 PM at the Cresco Fitness Center. We may be able to work around schedules if this is a conflict.

## **APPLICATION PROCESS**

Enclosed are a series of documents that need to be completed, signed and returned by the application deadline in order for your application to be valid. A detailed list of required items for the deadline is listed below. The medical release, signed by your doctor, is only required if you are selected as one of the participants in the program, and then must be completed and turned in prior to March 15.

Your personal letter detailing why you deserve to be the BIG LOSER is very important in relaying your message to the contest committee.

## **MISCELLANEOUS**

Although the BIG LOSER contest is billed as an individual contest, a team concept will be developed along the way. You will find yourself working with and supporting each other throughout the contest and beyond.

This contest does involve some mandatory elements and will involve some hard work; however, it has been designed to give you the tools to create a healthy lifestyle. The most important thing to remember is to have some fun along the way.

**Rules & guidelines may be added or deleted by the committee throughout the contest.**

**GOOD LUCK!**

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**Fitness is a journey, not a destination.  
A journey that starts today and ends in Heaven!**

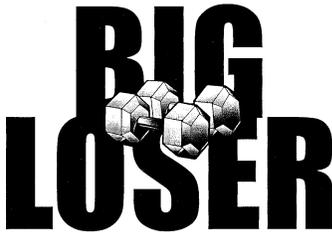
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**PLEASE RETURN THE FOLLOWING ITEMS IN SEALED ENVELOPE TO  
THE CRESCO FITNESS CENTER NO LATER THAN FEBRUARY 26.**

- Written Application Letter (150-300 words)**
- Self Information Sheet**
- BIG LOSER Contest Release**
- PAR-Q & Health History**
- Lifestyle Questions**
- Publicity Release**

**A check in the amount of \$100 per person is payable to:  
Cresco Fitness Center**

**Physician Release is not required unless you are selected to be one of the final participants.**



## PHYSICIAN RELEASE

Dear BIG LOSER contest committee,

My patient, \_\_\_\_\_, has advised me that he or she intends to participate in (1) A nutritional program and (2) an exercise program, which will include, but not limited to, resistance training, cardiovascular training and stretching. The sessions will last approximately one hour, and will begin at a very moderate, sub maximal level.

Please be advised that my patient, \_\_\_\_\_, should be subject to the following restrictions in his or her exercise program:

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In addition, under no circumstance should he or she do the following:

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I have discussed the foregoing restrictions and limitations with my patient, \_\_\_\_\_, and, with these specific restrictions, he or she has my permission to participate in a nutritional and fitness program under your guidance.

Sincerely,

\_\_\_\_\_  
Physician signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician printed name

Phone Number: \_\_\_\_\_



## SELF INFORMATION SHEET

NAME \_\_\_\_\_ e-mail \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK or CELL PHONE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

WHAT DAYS DO YOU WORK (circle all that apply) Sun Mon Tues Wed Thur Fri Sat Varies

WHAT HOURS DO YOU TYPICALLY WORK (circle one) Days Evenings Nights Varies

HOW WOULD YOU DESCRIBE YOURSELF (circle one) Very Heavy A Little Heavy About Right

HOW MUCH EXERCISE DO YOU CURRENTLY GET (circle one) None Little Some Much

By signing below you agree to follow the BIG LOSER program to the best of your ability.

Signature \_\_\_\_\_

Information on this sheet will be held confidential. Some of the information will be needed for publication purposes, but only at your discretion.



## PROGRAM RELEASE

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

### CLIENT CONSENT FORM:

"I, \_\_\_\_\_, have enrolled in a contest of strenuous physical activity including, but not limited to cardio respiratory training, strength training, flexibility exercises and the use of various cardio respiratory equipment. I hereby affirm that I am in good physical condition and not suffer from any disability that would prevent or limit my participation in this exercise contest."

"In consideration of my participation in the BIG LOSER contest, I, \_\_\_\_\_, for myself, my heirs and assigns, hereby release Cresco Fitness Center (its employees and owners), and all sponsors of this contest, from any claims, demands and causes of action arising from my participation in the BIG LOSER contest."

"I fully understand that I may injure myself as a result of my participation in BIG LOSER training contest and I, \_\_\_\_\_, hereby release Cresco Fitness Center, and all contest sponsors, from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the BIG LOSER contest."

Signature \_\_\_\_\_

Date \_\_\_\_\_



## PAR-Q & HEALTH HISTORY

### PAR- Q (Physical Activity Readiness Questionnaire)

Please read each question carefully and answer either Yes or No.

1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity? Yes / No
2. Do you have chest pain brought on by physical activity? Yes / No
3. Do you tend to lose consciousness or fall over as a result of dizziness? Yes / No
4. Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes / No
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Yes / No
6. Are you aware, through you own experiences or doctor's advice, of any other physical reason against your exercising without medical supervision? Yes / No
7. Are you over the age of 65 and not accustomed to vigorous exercise? Yes / No

### Health History

Check all conditions that apply and list medications you currently take for the condition (if applicable)

<input type="checkbox"/> Heart Disease or Stroke	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Lung/Pulmonary Disease	<input type="checkbox"/> Cancer
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<input type="checkbox"/> Neuromuscular Disease	<input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> Psychological Problems	<input type="checkbox"/> Ulcer
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<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anorexia
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<input type="checkbox"/> Obesity	<input type="checkbox"/> Bulimia	<input type="checkbox"/> Other Medical Problems	<input type="checkbox"/> Arthritis
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<input type="checkbox"/> Lower Back Pain within last six months	<input type="checkbox"/> Currently Pregnant / Breast Feeding		
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<input type="checkbox"/> Monitored by a Physician	<input type="checkbox"/> Recommended High Level Care		
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Please note other health issues on separate sheet of paper.

## LIFESTYLE QUESTIONS



Please answer each question as thoroughly and accurately as possible.

- 1) Have you ever participated in a weight loss program before? \_\_\_\_\_
- 2) Did you get results? \_\_\_\_\_ Were they permanent? \_\_\_\_\_
- 3) What has prevented you from maintaining or getting to a certain level of fitness in the past?  
\_\_\_\_\_
- 4) Please check the activities that you enjoy: \_\_\_Walking \_\_\_Running \_\_\_Basketball \_\_\_Biking  
\_\_\_Yoga \_\_\_Swimming \_\_\_Aerobic Classes \_\_\_Pilates \_\_\_Water Aerobics \_\_\_Other\_\_\_\_\_
- 5) How do you manage stress in your life? \_\_\_\_\_  
\_\_\_\_\_
- 6) Describe your job: Sedentary Active Physically Demanding \_\_\_\_\_
- 7) Does your job require travel? Yes No
- 8) Do you smoke? Yes No If yes, how many per day? \_\_\_\_\_
- 9) Do you drink pop / soda? Yes No If yes, how many per day? \_\_\_\_\_
- 10) Do you drink alcohol? Yes No If yes, how many per week? \_\_\_\_\_
- 11) How many meals / snacks do you eat per day? \_\_\_\_\_
- 13) Do you know how many calories you consume per day? \_\_\_\_\_
- 14) Are you currently taking a multivitamin or other supplement? Yes No  
If yes, please describe: \_\_\_\_\_
- 15) Have you worked with a personal trainer before? Yes No
- 16) What are your long term fitness goals? \_\_\_\_\_  
\_\_\_\_\_
- 17) What are short term fitness goals? \_\_\_\_\_  
\_\_\_\_\_
- 18) How many days per week can you dedicate time to reach your fitness goals? \_\_\_\_\_
- 19) Are Wednesday night group meetings going to be a problem for you? Yes No  
If yes, please explain: \_\_\_\_\_
- 20) Please list some rewards that will help motivate you to reach your fitness goals.  
\_\_\_\_\_



## PUBLICITY RELEASE

The Times Plain Dealer will be following the progress of all BIG LOSER participants through the pages of our newspaper on an approximately monthly basis. The purpose is to provide extra encouragement from our readers. All stories will tell your positive accomplishments, but we also wish to accurately portray some of the hardships and struggles that may go along with this contest as told by you. At no time will your actual weight be published. We will publish the percentage of weight that you have lost during the contest.

Please initial each line if you agree with the terms:

\_\_\_\_\_ I agree to allow my photo to be published in the Times Plain Dealer & on the city website.

\_\_\_\_\_ I agree to allow my written application letter to be printed in the Times Plain Dealer & on the city website.

\_\_\_\_\_ I agree to be interviewed by the Times Plain Dealer at least one time per month during BIG LOSER contest and I understand that the information gathered from those interviews may be published in the Times & on the city website.

\_\_\_\_\_ I agree to having my results from the BIG LOSER contest published in the Times Plain Dealer & displayed on the city website, whether or not those results are favorable.

By signing below I have agreed to the terms specified above.

Signature\_\_\_\_\_

Date\_\_\_\_\_