



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MAINTAIN, DON'T GAIN

## HOLIDAY WEIGHT MAINTENANCE CONTEST BEDELL FAMILY YMCA

Who couldn't use some added motivation or accountability to maintain healthy habits this holiday season? **Did you know the average American gains 1 to 10 pounds during the holiday season?** The object of this contest is to encourage and support our members' efforts in maintaining or even losing weight during the holiday season (Thanksgiving to Christmas). Everyone who maintains or loses weight by the end of the contest will qualify for a prize drawing!



### Give Yourself a Gift this Holiday Season

- 1 prize for an individual that MAINTAINS weight
- 1 prize for an individual that LOSES weight

(Prizes will be awarded by a drawing of all qualified individuals in each category.)

### Registration

\$10 - Members Only

Register online at [www.okobojiymca.com](http://www.okobojiymca.com) or fill out the paper registration below. Registration Deadline: November 25 at 11:30am

### Contest Dates November 26 – December 25

- Weigh IN Dates: Nov 23-25
- 5-7am, 8-11am, 5:30-8pm
- Weigh OUT Dates: Dec 26-29
- 5-7am, 8-11am, 5:30-8pm
- Prizes awarded December 31
- Weigh IN/OUT only during designated times and by Y staff– cannot submit your own weight

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MAINTAINING IS BEING WITHIN ONE POUND (+ OR -) OF WEIGHT AT INITIAL WEIGH-IN.

LOSING IS DEFINED AS BEING 2 POUNDS OR MORE BELOW WEIGHT AT INITIAL WEIGH-IN.

WEIGHING IN AND OUT MUST BE DONE WEARING SHOES AND SIMILAR CLOTHING.

### Weight Maintenance Contest

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

In consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the exercise program.

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

(Parent or guardian signature if under 18)