



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



IT'S TIME TO TURN BACK THE SCALE

2019 LOSE BIG: Weight Loss Challenge January 21 - March 24, 2019

The YMCA's Lose Big weight loss challenge has seen amazing results over the past seven years. Hundreds of individuals have successfully transformed their bodies creating a healthy lifestyle while having fun! Studies show you will push yourself harder and stay more motivated if you participate in a fitness program. Each participant will have a coach and will be put on a team to help hold them accountable.

Register NOW, and prepare to LOSE BIG!

MEMBERS \$100 PUBLIC \$250

All fees are non-refundable. (Public price includes individual YMCA basic membership privileges for the duration of the program.)

PARTICIPANTS:

- Must be cleared by a physician which states physical strenuous activity is allowed and, for health reasons, want to lose a minimum of 20 pounds (Par Q form available on our website at springfieldymca.org)
- Must be 14 years or older
- Must select a team to be on based on their own schedule preference
- Must attend 2-4 group exercise classes a week or complete a certain amount of hours outside team workouts
- Must attend a weekly weigh-in and Team workout
- Must attend 1 out of 2 team challenges



"...I chose to do the Lose Big Challenge because I feel the competition aspect of the event fuels my fire to improve my health. My wife and I competed in the team challenge a few years ago and finished in the top 3 of combined weight loss. The weekly tracking of eating/workouts offers a good way to hold yourself accountable for the eating/workout choices you've made. The dietician class really opened my eyes to the importance of filling your plate half with vegetables. I wouldn't consider myself a vegetable first guy but thinking "where are my vegetables" allowed me to fill my belly with something that provided me with good clean energy for the day and cut my calorie intake. I could definitely tell when my eating slipped because it made my gym workouts more difficult. I dropped over 30 pounds in this program. Staying with the program is what helped me the most. I knew that it would be a grind, but I wanted the results. When tempted to go off track, I would remind myself that consuming a meal or skipping a workout would not help me accomplish what I wanted. My clothes feel looser on me and I feel less winded when doing an activity. Overall, I really enjoyed the program!" - Christopher

Program Kickoff For All Participants:

Sunday, January 20

Each location will have their kickoff at 3:00 PM

CHOOSE YOUR COACH!

Kerasotes

Jessica Baxter - Tues. 6:45 PM

Downtown

Julie - Wed. 6:30 PM

Program Begins:

Monday, January 21



The winners at each location will be determined by the greatest percentage of total weight loss during the competition. There will also be special team vs. team challenges throughout the program.

Please see our website at springfieldymca.org for complete program details.

Change your life today!

REGISTRATION FORM (one form per participant)

Name _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____

Email _____ Emergency Contact _____

Weight (approx.) _____ Height _____

Please select your Coach from above _____

Space is limited. Register Soon:

Member \$100.00 _____ Non-Member Individual \$250.00 _____

Include a Myzone™ Belt to Enhance Your Workout:



Myzone™ Belt (Member) \$80.00 _____ Myzone™ Belt (Non-Member) \$139.00 _____

I would like to make a gift to help a child participate in YMCA programs. I am adding \$_____ to my Lose Big registration for the YMCA Strong Kids Scholarship Fund. All gifts are tax deductible.

I hereby register for the Lose Big Challenge. I allow the YMCA to seek emergency care for me if required. I also grant the YMCA permission to use photographs of me in promotional materials such as brochures, ads, website or newspaper releases. I will not be informed or reimbursed for such photographs.

Signature _____ Date _____

Contact:

Cindy Jordan
Association Director of Health & Wellness
cjordan@springfieldymca.org
217-679-1625 ext. 183

Office Use Only: SE19
Amount Paid: _____
Date _____ Staff _____
Branch 1 _____ Branch 2 _____