

## Contestant Application

### **“Revolution’s biggest loser”**

1. Answer all questions honestly.
  2. Please write only on the printed side of the paper, but feel free to attach additional sheets if necessary.
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Name: \_\_\_\_\_

Name you go by: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**Circle all that apply: Single/Married/Divorced/Children**

I grew up in: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Schools attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Profile**

Give us a brief synopsis of your dieting history: \_\_\_\_\_

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What is your greatest accomplishment? \_\_\_\_\_

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For me, my favorite food is: \_\_\_\_\_

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For me, exercise is: \_\_\_\_\_

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For me, my weight is: \_\_\_\_\_

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By participating in this program, what would motivate you to lose weight?

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How much weight do you want to lose? \_\_\_\_\_

What do you think would be the best thing about being thin? \_\_\_\_\_

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What is the hardest thing about being overweight?\_\_\_\_\_

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Do you have any bad habits you wish you could change?\_\_\_\_\_

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**Quick facts (circle and answer)**

Do you smoke? Y    N  
Comments: \_\_\_\_\_

Do you drink? Y    N  
Comments: \_\_\_\_\_

Have you had plastic surgery? Y    N  
Comments: \_\_\_\_\_

Have you ever been treated for any serious physical or mental illness(es) or had any serious injuries? Y    N  
If so, please describe: \_\_\_\_\_

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Are you on any prescription medication that you are required to take on a regular basis? Y    N  
If so, what and for how long? \_\_\_\_\_

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Do you have any medication allergies? Y    N  
If so, what is the allergy and for how long have you had it? \_\_\_\_\_

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Do you have any physical conditions, special needs, of fears that we should know about? Y N

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If chosen to participate, you will:  
(initial to state understanding after each statement)

be photographed and video taped. \_\_\_\_\_  
make up a missed workout on own time. \_\_\_\_\_  
understand there are no refunds. \_\_\_\_\_  
have your weights and measurements shared. \_\_\_\_\_  
commit to 3 months of exercise at 3 times per week. \_\_\_\_\_  
need access to internet and email. \_\_\_\_\_

When are you available to train?  
(circle first choice, place an "x" over the second choice)

M T W Th F Sa Su

Early morning (5-8am) Mid-morning (8-12)

Afternoon (12-4) Evening (4-8)

Specifics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

Return completed application to *either*  
**Prairie Athletic Club, 1010 North Bird St., Sun Prairie, WI , 53590**  
*or*

**Revolution, 804 Liberty Blvd., Suite 101, Sun Prairie, WI 53590**

The cost for Revolution's biggest loser is \$300 per month for three months. The program begins with a rally at 7 p.m. on January 4. Workouts will begin the week of January 5. Training will occur three times a week for an hour at Revolution in groups of five participants.

**Groups will have the following time choices:**

Monday/Wednesday/Friday at 5:30 a.m. (Friday will be 1 ½ hr.)

Monday/Wednesday at 7:30 p.m.

Tuesday/Thursday at 7:30 p.m.

\*Evening teams will also meet on Friday at 5:30 p.m.