



Countdown to Slim Down 45-Day Challenge

January 19th – March 1st

Name		Referred by	Date
Age	Sex	Birth-date	
Address			
City		State	Zip
Home/Cell Phone		Work Phone	
Email address (please print)		Shirt size: S / M / L / XL	

Weight: _____ **Height:** _____ **Body Type (circle):** Ectomorph / Mesomorph / Endomorph

Challenge Dates:
_____ Countdown | 'New Year – New YOU!'

Select Meeting Time: Jan 19th @ _____ 1:00 pm or Jan 20th @ _____ 5:00 pm

Challenge Costs (select one):

_____ **\$99 Countdown Challenge Only**

_____ **\$149 Challenge + Individual Customized Menu Based on Your Body Type**

**Note: Minimum of 10 participants for Slim Down Challenge to take place

Paid Cash	Check #	CC#	Amount
<p>I know that participating in the ATS training events are potentially hazardous activities. And I know that I should not participate unless I am medically able and properly trained. I agree to abide by any decision of the coach relative to my ability to complete an activity safely. I assume all risks associated with participating in the ATS events including, but not limited to, falls, muscle strains or tears, broken bones and contact with other participants. All risks being known and appreciated by me, having read this waiver and knowing these facts, I, for myself, and for anyone entitled to act on my behalf, waive and release the ATS Team, and all sponsors and representatives and successors from all claims of liabilities of any kind arising from my participation in the ATS activities, even though a liability may arise from negligence or carelessness on the part of persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of any club event for any legitimate purpose.</p>			

Signature	Date
------------------	-------------