

# District-Wide Weight Loss Challenge Registration Form

Name \_\_\_\_\_

Employee ID # \_\_\_\_\_

Department/Location- \_\_\_\_\_

Position \_\_\_\_\_

Risk Assessment Date \_\_\_\_\_

(Employees must complete an on-line Risk Assessment through their insurance carrier's website – you'll like it; it is very interesting). You will want to update your risk assessment, as you progress to see how you are improving your overall health!

Please list your weight \_\_\_\_\_ lbs. (starting on a Monday)

Individual weight information will not be released from the Employee Benefits department. Only percentages lost for the monthly winners and combined weight loss for the entire district will be announced.

Please remember to weigh yourself every Monday thereafter, and submit your weekly progress form to the Employee Benefits department.

Congratulations on Entering the Weight Loss Challenge!!

