

# Community Wellness Challenge

April 1 – June 19, 2012

High River, AB

## Registration Form (ADULTS: Age 19-64)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Have you ever been told you have problems with the following? (Please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> High Blood Pressure       |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Low Blood Pressure        |
| <input type="checkbox"/> Arthritis      | <input type="checkbox"/> Migraine Headaches        |
| <input type="checkbox"/> Depression     | <input type="checkbox"/> Sciatica and/or back pain |
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Weight                    |
| <input type="checkbox"/> COPD/Emphysema | <input type="checkbox"/> Cancer                    |
| <input type="checkbox"/> Other:         |  |

\_\_\_\_\_

How many minutes per day are you physically active? \_\_\_\_\_

What is your physical activity goal? \_\_\_\_\_

Do you have a weight loss goal? (Please circle one) YES NO How much? \_\_\_\_\_

What do you do to stay active? \_\_\_\_\_

What would help you be more physically active? \_\_\_\_\_

How many hours of sleep do you get on average per night? \_\_\_\_\_

How many cups (250ml) of water do you drink per day? \_\_\_\_\_

How many cans of pop/soda/energy drinks do you drink per day? \_\_\_\_\_

Do you eat fruit every day? (Please circle one)    YES    NO

Do you eat vegetables every day? (Please circle one)    YES    NO

Do you add salt to your food? (Please circle one)    ALWAYS    OCCASIONALLY    RARELY/NEVER

Is there a personal goal you wish you accomplish over the next 12 weeks?

(Please circle one) YES    NO

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTIONAL:**

PRE

POST

Weight: \_\_\_\_\_

Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

**Please note that to be eligible for prizes** you must complete your *Registration Form* and pick up the *Wellness Challenge Package* either in person on March 28<sup>th</sup> (11AM-1PM), 29<sup>th</sup> (6-8PM), or 30<sup>th</sup> (3-5PM), 2012 at the Cultural Centre (251 9<sup>th</sup> Ave W), or by e-mailing [alexis.wooldridge@albertahealthservices.ca](mailto:alexis.wooldridge@albertahealthservices.ca)

**You are required to email, fax or drop off your wellness logs weekly.**

As well, you must complete the *Self-Assessment and Evaluation Form* that will be included in your *Wellness Challenge Package*. This can be dropped off in person on June 20<sup>th</sup> (3-5PM), 21<sup>st</sup> (6-8PM), or 22<sup>nd</sup> (1-3PM), 2012 at the Cultural Centre (251 9<sup>th</sup> Ave W), or faxed or e-mailed by June 22, 2012.

Attendance at weekly speaker sessions held at noon on Fridays from April 13 – June 22, 2012 at the Library is encouraged!

I acknowledge that my participation in the Community Wellness Challenge is purely voluntary and the challenge is a recreational activity. I acknowledge that the Community Wellness Challenge is not responsible for any health related risks associated with my participation in the challenge. I release the Community Wellness Challenge and all of its employees, volunteers, owners, and agents from any liability associated with my participation in the challenge. I confirm that I have spoken to a physician, if I have any concerns before beginning the challenge.

Print Name: \_\_\_\_\_

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

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