

PLEASE PRINT ALL INFORMATION

TEAM REGISTRATION FORM

Last Name, First Name	*Signature Agreeing to Terms listed below	Contact Phone	E-Mail Address	Were you a KGWO participant in 2005?	T-Shirt Size
1) Team Captain:			Required		
2) Team Co-Captain:			Required		
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

*My signature next to my name acknowledges that I agree to the terms outlined in the "Team Member" description. I understand that I am making a healthy commitment to my team for 12 weeks, beginning March 4, 2006 through May 20, 2005. I will complete necessary forms and submit with the fee of \$10 to a Ho'ola Lahui Hawai'i representative at our team meeting. I will check with a physician prior to participation in this program. I also agree to get the necessary health screenings and medical clearance by our team meeting or by March 4, 2006 at the latest. I also will inform my captain or co-captain as soon as possible if any of the above information changes. I have read, understand and agree to the terms of this agreement and have, of my own free will, signed above, next to my name to indicate so. Any questions, call 240-0100.

Organization name: _____ Team name: _____

FAX THIS PAGE ONLY to KGWO at 246-9551

Team Registration Information

- 1. Form a Team:** Recruit a team of 10 motivated people who would like to lose weight and include more physical activity in their lives. Form a team with friends from work, church or your own neighborhood or community.
- 2. Fill Out Team Registration Form:** Complete the team registration form on the back of this page. Be sure each team member signs it and includes all required information listed. Incomplete team registration forms will not be accepted.
- 3. Register:** Fax **COMPLETED** Team Registration form to 246-9551 or mail to KGWO c/o Ho`ola Lahui Hawaii, 4491 Rice Street, Lihue.96766.
 - ✓ **Registration opens on Tuesday, January 3, 2006 at 9:00 am.** Registrations submitted before 9:00 am. will not be accepted.
- 4. Notification:** The first 20 teams to submit **COMPLETED team registration forms** will be notified by phone or email. Registration is based on a first come, first served basis.
- 5. Pick Up Information Books:** Once your team registration has been accepted we will contact the team captain to arrange for pick up or delivery of KGWO Information Book and important forms to be filled out by each team member.
- 6. Team Meeting:** Once notified that your team has been accepted into KGWO, your next step will be to have a team meeting. A KGWO representative will attend this meeting to go over the program with **all team members**, answer any questions you may have and ensure all paper work is filled out correctly. Each team member will need to submit the following **COMPLETED forms** at the meeting:
 - ✓ Individual registration form and waiver (In Information Book)
 - ✓ Medical Clearance to participate in KGWO 2006. All team members must get their provider's approval **BEFORE** the team meeting! If a participant does not have health insurance or a doctor, he/she may qualify to get a medical exam at Ho`ola Lahui Hawaii/ Kauai Community Health Center. For more information call 240-0109. (In Information Book)
 - ✓ Health screening must be completed by this meeting or your team may arrange for screening at this meeting. Team members must fast for 12 hours prior to screening.
 - ✓ Questionnaire (KGWO representative will supply these at team meeting)
- 7. KGWO Kick Off Event:** Have your whole team attend KGWO Kick Off at Kukui Grove Shopping Center, Center Stage area on **Saturday, March 4th from 9:30 am – 12:30 pm.** Weigh In, Games, Fit Bucks, Entertainment, Food and much, much more!

For more information call 240-0100