

PLEASE PRINT ALL INFORMATION

**TEAM REGISTRATION FORM**

Last Name, First Name	*Signature Agreeing to Terms listed below	Contact Phone	E-Mail Address	List years you previously participated in KGWO	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 11 weeks, beginning February 24, 2007 through May 12, 2007. I will complete necessary forms and submit with the fee of \$10 to the Ho'ola Lahui Office at 4491 Rice St. Unit 6, Lihu'e, HI 96766. I also agree to get the necessary health screenings and Medical Clearance by February 9, 2007. I also will inform my captain or co-captain as soon as possible if any of the above information changes. I will check with my physician prior to participation in this program. 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.

Team name: \_\_\_\_\_

**FAX THIS PAGE ONLY to Ho'ola Lahui Hawai'i at 246-9551**

## Team Registration Information

- 1. Form a Team:** Recruit a team of 10 motivated people (18 yrs and older) who would like to lose weight and include more physical activity in their lives. Form a team with family members, friends from work, church or your own neighborhood. Pregnant or nursing mothers are highly discouraged from participating in KGWO.
- 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 Monday, December 18, 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 email or US post. Registration is based on a first come, first served basis.
- 5. Team Meeting:** Once a team has been notified they are officially entered in the KGWO, the team captain must call KGWO staff to arrange a team meeting. Call 240-0206 to book a day and time. 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 forms are completed correctly. Each team member will need to submit the following **COMPLETED forms** at the meeting:
  - ✓ Individual Registration form and waiver (In Team Registration Packets)
  - ✓ Medical Clearance to participate in KGWO. All team members must get their medical provider's (i.e. doctor, family nurse practitioner) approval **BEFORE** the KGWO Kickoff on February 24, 2007! If a participant does not have health insurance or a doctor, he/she may qualify to receive a Medical Clearance at Ho`ola Lahui Hawaii. For more information call 240-0109.
  - ✓ A Health Screening which includes a blood pressure check, glucose check, body mass index, lipid profile and a health questionnaire must be completed by the KGWO Kickoff. Your team may also arrange for health screenings to be available at this team meeting by calling 240-0100. Team members must fast for 12 hours prior to screening.
- 7. KGWO Kick Off Event:** Have your whole team attend KGWO Kick Off at Kukui Grove Shopping Center, Center Stage area on **Saturday, February 24<sup>th</sup> from 9:00 am – 11:30 pm** Weigh In, Games, Fit Bucks, Entertainment, Food and much, much more!

**For more information call 240-0100**