

2026 CFC Transformation Challenge Registration Form



Participant Information

Name

Phone

Email

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Team Selection (Select in order of preference, if applicable) *the following information is subject to change based on team size.

<input type="checkbox"/> Wednesday/Friday 6-7am – Shannon	<input type="checkbox"/> Tuesday/Thursday 1:30-2:30pm - Shannon
<input type="checkbox"/> Monday/Wednesday 6:30-7:30am – KC	<input type="checkbox"/> Tuesday/Thursday 4:30-5:30pm – KC
<input type="checkbox"/> Tuesday/Friday 8-9am – Marta	

Lifestyle:

How active is your occupation? Sedentary Active Physically Demanding Other _____

Rate your average daily stress level (1=very low 10 = very high) _____

How many hours do you regularly sleep at night? _____

Activity Level:

What activities do you do for strength training (examples: weights, Pilates, etc) _____
Number of days per week: _____

What activities do you do for aerobic exercises (example: walking, spinning, tennis, etc) _____
Number of days per week: _____

Current Fitness Level (Check all that apply):

- Beginner/New to the Gym
- I have been working out 1-2x per week for the past 6 months
- I have been working out 3-4x per week for the past 6 months
- I have been working out 5-6x per week for the past 6 months
- I only use the cardio machines
- I am familiar with weight training and feel comfortable using the strength equipment and free weights
- I take Group Fitness classes regularly
- I have worked with / currently work with a Personal Trainer

Main Goal for the CFC Transformation Challenge (Check all that apply):

- Lose Body Fat
- Gain Muscle
- Improve Strength
- Learn how to Strength Train
- Create Better Habits
- Build Core Strength
- Improve Flexibility
- Other _____

Medical/Orthopedic Notes:

Please include any information that may affect your ability to exercise.

I have read and understand the information on the back of this sheet.

Signature of Participant or Parent/Guardian: _____ **Date:** _____

WAIVER AND RELEASE OF ALL CLAIMS: Please read this form carefully and be aware in registering yourself or your minor child/ward, you will be waiving and releasing all claims for injuries you and your minor child/ward might sustain arising out of use of the facility or participation in its programs. Minor members 11- 17 must have this waiver signed by a parent/guardian 21 years of age or older and be on the premises with them at all times. I recognize and acknowledge there are certain risks of physical injury to persons participating in activities and utilizing the equipment in the fitness facility and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities including, but not limited to, bodily injuries, heart attack/accelerated high blood pressure, heat exhaustion, and including death, connected with or associated with such activities or programs. I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the activities of the Center Fitness Club against the Wilmette Park District and its officers, agents, servants, and employees. I do hereby release and discharge the Wilmette Park District and its officers, agents, servants and employees from any and all claims from injuries, damages or loss, including, but not limited to the above, which I or my child/ward may sustain or arising out of, connected with, or in any way associated with the activities of the Fitness Center or participation in its programs. I further agree to indemnify and hold harmless and defend the Wilmette Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages or loss, including but not limited to the above, which I or my child/ward may sustain as a result of my participation or the participation of my child/ward in such activities or programs.

PERMISSION TO SECURE TREATMENT: In the event of any emergency, I authorize the Wilmette Park District to secure from any hospital, physician, and/or medical personnel, any treatment deemed necessary for immediate care, and agree that I will be responsible for the payment of any and all medical services rendered. **PHOTOGRAPHY WAIVER** I recognize and acknowledge that occasionally the Wilmette Park District Center Fitness Club will take photographs of participants utilizing the fitness center for promotional purposes. I release and authorize the Wilmette Park District Center Fitness Club to use any photograph of myself or my minor child/ward for any promotional purpose. I have read and fully understand the Waiver and Release of all claims, Permission to Secure Treatment, and Photography Waiver.