

Biggest "Winners" Application

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email Address: _____

Marital Status: _____ Signature of Consent _____

Height: _____ Weight: _____

Do you have any medical condition(s) that would prevent you from participating in an exercise program?
Yes or No (If so what are they) _____

Are you currently a Bianco's member? Yes or No

Have you exercised extensively (3 or more times a week for several weeks) before? Yes or No

Do you have access to a computer? Yes or No

Can you afford the \$25 per month program fee? Yes or No

Can you commit to attending all of the educational sessions and monthly weigh-ins? Yes or No

Would you allow the Daily News, Bianco's, DCH or other media to use your image and program results to promote the program? Yes or No

Are you willing to participate in a free Health Risk Appraisal (including DCHS registration/paperwork, blood pressure measurement, lab work and biometric measurements)? Yes or No

Are you willing to release the name of your primary care provider to DCHS and authorize them to share the results of your Health Risk Appraisal with stated provider? Yes or No

Provider's Name: _____

Why do you think you need to improve your health and fitness lifestyle?

Tell us about your personal health goals(weight loss, lose inches, get stronger etc.) be specific.

If you could accomplish your goals...what would it mean to you?

Return Application To The Daily News or Bianco's By Friday, March 12, 2010



The Daily News

