

SHEBOYGAN COUNTY YMCA SPRING FITNESS CHALLENGE



DOUBLE DOWN WEIGHT LOSS CHALLENGE APRIL 8 - MAY 7, 2024

Age 18 & Older

Team up with a partner for this 6-week weight loss challenge. Weigh in the first week of the challenge. Weigh out the last week of the challenge. **Challenge is per location.**



Member Only
Team Fee \$10



Team Prizes

- Sheboygan Winning Team - Workout session with one of the personal training staff
- Falls Winning Team - Workout session with trained fitness professional, Ashley
- Runners Up - Y Gear



SHEBOYGAN FALLS YMCA

305 Buffalo Street, Sheboygan Falls, WI 53085
P 920-467-2464 • F 920-467-4641
www.sheboygancountyyymca.org

SHEBOYGAN YMCA

812 Broughton Drive, Sheboygan, WI 53081
P 920-451-8000 • F 920-451-8019
www.sheboygancountyyymca.org

Email form to: jkovacs@sheboygancountyyymca.org

Email form to: mmueller@sheboygancoutyyymca.org

SHEBOYGAN COUNTY YMCA 2024 SPRING FITNESS CHALLENGE

Please return to Welcome Desk at the Sheboygan or Sheboygan Falls YMCA

Team Member #1 _____ Birth Date _____ ☐ M ☐ F
Address _____ City _____ State _____ Zip _____
Phone 1 _____ Phone 2 _____ Email _____

Team Member #2 _____ Birth Date _____ ☐ M ☐ F
Address _____ City _____ State _____ Zip _____
Phone 1 _____ Phone 2 _____ Email _____

Hold Harmless Agreement

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for myself and/or my child to participate and be photographed in YMCA activities.

Participant Signature _____ Date _____

☒ Double Down Weight Loss Challenge 2451 2FCHALLENGE.. or 1FCHALLENGE..

☒ Team Location

☐ \$10.00 / Team (Members Only)

☐ Falls YMCA
☐ Sheboygan YMCA

Payment

☐ Cash ☐ Check ☐ Credit Card # _____ Exp Date _____ 3 Digit Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____