



Jefferson County



Public Health
Prevent. Promote. Protect.

REGISTRATION FORM

NAME:			
ADDRESS:			
EMAIL:			
PHONE:		AGE:	
		GENDER:	
Would you like to receive the monthly newsletter? (circle one)		YES	NO
BINGO			
MONTH		# OF CARDS (up to 2 per month)	
March			
April:			
May:			
MONTHLY COMPETITION BUY-IN (\$10/month):			
	March: Nutrition		
	April: Hydration		
	May: Combination		
TOTAL:			
PLEASE READ AND INITIAL:			
	"I acknowledge that my participation in the Healthy Together: Grounded in Wellness Challenge is voluntary and not meant to supplant the advice of my primary health provider. I will check with my provider prior to beginning any new exercise or nutritional regimen, to ascertain appropriateness of that endeavor, given my age, health, and physical condition. I hereby release Jefferson County Public Health, their representatives, partner organizations and their successors from all liabilities and obligations for accident, injury, or any dispute that may result from my participation in the program, and I hereby assume these risks".		
I give permission to JCPH to share my name, image and/or likeness, for advertising and/or Healthy Together: Grounded in Wellness announcements. _____ (Initial here)			
Participant Signature:		Date:	

Total Amount Paid:		For:		March	April	May
	Cash		Check and Check #:			
	County Employee		County Spouse		MMG Employee	
Receipt #:			Received By:			