



**MS FITNESS CHALLENGE EVENT & 12 WEEK PERSONAL TRAINING PROGRAM
PARTICIPANT APPLICATION**

Congratulations for taking the first step of your journey towards battling your MS through fitness and health! We thank you for your interest and look forward to helping you achieve your goals.

The MS Fitness Challenge is a half hour each week of personal one on one training for 12 consecutive weeks. We ask for the full 12 week commitment from you because we have waiting lists for our events. Please do not apply if you cannot fully commit to this program. If your application is accepted and confirmed, you will plan your program schedule with your assigned personal trainer. You will need to have flexibility with your schedule as our trainers are busy professionals who have graciously agreed to participate in our program.

Proof of MS is also required, such as a Doctor's note stating that you have MS.

Please send completed application: fax [\(310\) 359-0259](tel:3103590259) or email msfinfo1@gmail.com

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MALE _____ FEMALE _____ (CHECK ONE)

PHONE (Home): _____ (Cell): _____

EMAIL: _____

MSFC EVENT LOCATION (City/State) & DATE: _____

WHEN DIAGNOSED WITH MS? (Date): _____

TYPE OF MS: _____

PHYSICAL LIMITATIONS AND SYMPTOMS: _____

ARE YOU CURRENTLY DOING ANY KIND OF EXERCISE PROGRAM? _____

HOW MANY MILES DO YOU LIVE FROM THE MSFC HOST GYM? _____

CAN YOU COMMIT TO THE FULL 12 WEEKS OF TRAINING? _____

WHAT DAYS & TIMES ARE YOU AVAILABLE FOR YOUR TRAINING SESSIONS?

WHY DO YOU WANT TO PARTICIPATE IN THE MSFC PROGRAM?

SIGNATURE _____

DATE: _____

This is an application only. Acceptance into the program is on a first come first serve basis and you will be notified by phone if you are accepted into the program. You will not be officially signed up until you are contacted and given a participant number.

Once you are notified of your acceptance, an additional Waiver form must be downloaded from our website, signed and faxed to [\(310\) 359-0259](tel:3103590259) or emailed to msfcinfo1@gmail.com. We will require your signature on this waiver stating you can commit to the full 12 week program.

**A registration number will not be given or assigned until your waiver and proof of MS diagnosis are received.