FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WEIGHT LOSS PROGRAM
ENROLLMENT FORM

Today's date: / /

First name:	**Last name:**
Date of birth: / /	**Gender**:
Email:	**Phone:**

Race:

☐ White or Caucasian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Other (please specify):

Are you of Hispanic, Latino(a), or Spanish origin? ☐ Yes ☐ No

Highest educational or professional degree earned:

☐ Less than high school
☐ High school diploma or equivalency (GED)
☐ Associate's degree (junior college)
☐ Bachelor's degree
☐ Master's degree
☐ Doctorate
☐ Professional (MD, JD, DDS, etc.)
☐ Other (please specify):

Score each statement, using the following scale:

5–Strongly Agree, 4–Agree, 3–Neutral, 2–Disagree, 1–Strongly Disagree

	I am confident in my ability to set and attain reasonable goals to achieve my desired long-term outcome.
	I am confident in my ability to maintain an exercise routine independently.
	I am confident in my ability to track my food intake.
	I am confident in my ability to modify my food intake in ways that support my weight loss goals (e.g., portion control, avoiding emotional eating, choosing nutrient-dense foods, etc.)

I give consent to receive email communication from YMCA of the USA for the purpose of evaluating the Weight Loss Program. ☐ YES ☐ NO

As a leading nonprofit improving the nation's health, the Y supports all individuals in achieving their health goals. The Y is always striving to learn more about program improvement. **To that end, we are requesting your permission** to collect your participation data:

I acknowledge data from this program will be collected by the local YMCA and may be shared with YMCA of the USA for purposes of evaluating and improving the Weight Loss Program. I authorize and acknowledge that I have read, understand, and agree to the above.

Participant Name (Print) _____ Participant Signature _____ Date _____

For Y Staff: Member & Group Details		
Member/Customer ID:	*Program fee paid: $*	
Group Name:	*Location:*	*Facilitator:*