Get Fit! Fairfield

Registration Form 2026

Name:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text. DOB: Click or tap here to enter text.
Email:	Click or tap here to enter text.
Team Name:	Click or tap here to enter text.
Team Captain:	Click or tap here to enter text.

Return completed and signed registration form, along with your $15.00 registration fee, to Lynn Tanner on or before **January 5th, 2026** at the Community Fitness Center 795 5th Street Winnsboro, SC 29180. **Weigh in dates will be the 5th and the 6th of January. 7:30 a.m. – 11:30 a.m. and afternoon from 12:30-6:00 p.m. Special weigh in time by appt. only. Phone Lynn at 803-815-2045.**

GET FIT! *Fairfield* is a weight loss and physical fitness challenge. The goal of this contest is increasing exercise and weight loss to promote better physical fitness. Before starting a vigorous physical activity/fitness program, if you are a male over 40 years of age or female over 50 years of age, and have cardiovascular disease (CVD or heart attack, stroke, bypass surgery, angioplasty/stent, etc.)or have one or more risk factors for cardiovascular disease (use tobacco products, high blood pressure, sedentary, high cholesterol, diabetes, overweight, low HDL, family history) or if you are having symptoms of CVD (pressure, tightness, squeezing chest pain which may radiate to arm, neck or jaw, shortness of breath, unusual weakness, fatigue, etc.), or if you have any orthopedic such as arthritis or osteoporosis or other conditions, which may warrant specific exercise advice, the Fairfield County Parks & Recreation strongly encourages you to consult your physician for medical clearance and advice.

Release:
In submitting this registration form to the Fairfield County Parks & Recreation ***Get Fit*** *Fairfield* Challenge, I do hereby for myself and my heirs, executor and administrators waive, release and forever discharge: The Fairfield County Parks & Recreation and any/all parties involved in organizing this event whatsoever; their respective staff members, officers, agents, servants, executors, administrators, successors and assignees, from all claims, demands cause of action, damages and debts whatsoever and including without limitations, such as may hereafter arise by reason of or be incident to, any injury or damage resulting from the undersigns participation in said ***GET FIT!*** Challenge

Click or tap here to enter text.
_____
Print Name

_____
Participant signature and Date

_____
Parent or legal Guardian Signature, if participant is under the age of 18

HEIGHT: _____ WEIGHT: _____

NECK: _____ BELLY: _____

HIPS: _____ PINCH: _____

BODY FAT %: _____ WATER OZ. _____

This section is for staff only. Please do not fill in any information ahead of time. Thank you.