



College of Agriculture,
Food and Environment
Cooperative Extension Service

Carlisle County Extension



GET FIT CHALLENGE

Pick Your Options
Online Support or
Face to Face Class
Individual or Team
Competitive or
Supportive

**Classic Edition w/
Weekly Weigh IN
Measurements
8 Week Program**

Informational Meetings

January 31 11:00 AM

@ the Carlisle County Extension Office

February 2 6:00 PM

Facebook Live @MelissaWork



**Registration Packets available @ Informational Meetings
or @ <http://carlisle.ca.uky.edu/content/family-consumer-sciences>**

READY - SET - GO

1st Weigh IN February 3th

Cost is \$10 per person

Cooperative Extension Service
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.



For Challenge Participants

Our Extension FCS Contact Information is

College of Agriculture,
Food and Environment
Cooperative Extension Service

Call 628-5458 office (270-627-1837 Mel's cell) or email mgoodman@uky.edu

Remember You CAN DO IT!!

1. Support 2. Tracking 3. Knowledge 4. Eating 5. Moving 6. Consistency

Online Component: Join the Healthy Carlisle Closed Facebook Group

Important Dates

Mandatory in Office Weigh In- Friday, February 3 and Friday, March 24

Mandatory Call/Text-Optional Office Weigh-In- Fridays February 10th -March 17th

GET FIT Educational Series Dates @ Carlisle Extension Office

February 3 10:00 AM and February 7 5:30 PM Goal Setting & Monitoring

February 13 5:00-7:00 PM Easy Nutritious Crock Pot Meals

February 17 10:00 AM Portion Control on MyPlate

March 3 10:00 AM and March 6 5:30 PM Balancing Calories

March 17 10:00 AM and March 21 5:30 PM Food and Fitness

March 28 6:00 PM Finale with Food Demo

Facebook LIVE Virtual Meetings

7:30 PM in the comfort of your home

January 30, February 6, February 20, March 13, March 28

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GET FIT CHALLENGE Rules

Team Captain: Please keep this form for your records!

1. Team Registration Forms and Team Fees (\$10.00 per member) and Individual Registration Forms and Fees (\$10.00) must be turned in to the Extension Office no later than Friday, January 27, 2017 by 2:00 CT. NO EXCEPTIONS!
2. The first weigh in (February 3) and last weigh in (March 24) **must** be done at the Carlisle County Extension Office between 8:00-2:00 CT.
3. Every person who is participating in the GET FIT Challenge must sign a waiver.
4. Every participant will receive a bi-weekly newsletter via email that will help you in your weight loss journey. If you do not have an email, please be sure to provide your mailing address.
5. Remember, you can weigh in at the Carlisle County Extension Office or at home and/or work each week. Please try to weigh on the same scale as this will give you your most accurate weight. You must call it in each week.
6. Each team will need to determine a Team Captain. The team captain MUST have a valid email address to report their team's weight loss each week. People that are participating as individuals will be responsible for reporting their own weight loss each week. The preferred way to report your weight loss each week is through email. Email your results to mgoodman@uky.edu and put in the subject line GET FIT CHALLENGE-YOUR TEAM NAME. You may also call 270-627-1837 to leave a voice or text message. Remember, I must have your entire teams "pounds loss" in my voicemail or email inbox no later than 2:00 PM CT each Friday to count for that week, or your team will receive a zero. In your message, please let me know how many pounds each person has lost that week and **NOT** how much they weigh. Example: On the "Mean Green Team" Susie lost 4 pounds, Henry lost 5 pounds, John lost 1 pound.
7. Late weights reports will not be accepted! Your team will receive a 0 for the week.
8. 2-6 people are considered a team. No more than 6 people.
9. Results will be determined by the teams **total weight loss percentage**.
10. We will be posting the highest team's percentages each week. Check the Healthy Carlisle Facebook group to see who is leading.
11. In the event of school cancellation or Holiday, weigh-ins will be collected the next business day or may be submitted via email.
12. At least one person on the team must reside, work or go to church in Carlisle County.
13. All participants must attend the Get FIT Challenge Finale on March 28 at 6:00 PM to claim prize package.
14. Online Support or Face to Face Class Participation is required.
15. Teams are in the running for the first, second and third place prize packages which are described below. Individuals will be in the running for the individual male and female prize packages. Participants on each team will also be in the running for the individual male and female prize packages.
16. Prizes are as follows:

| FIRST PLACE Prize Package | SECOND PLACE Prize Package | THIRD PLACE Prize Package | GET FIT Challenge FEMALE Prize Package | GET FIT Challenge MALE Prize Package |
|------------------------------|------------------------------|------------------------------|--|--------------------------------------|
| 50% of the team pot of money | 30% of the team pot of money | 20% of the team pot of money | 50% of the individual pot of money | 50% of the individual pot of money |

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GET FIT Participant Registration

Individual Registration Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

Facebook: YES or NO

Plan Your Own Program

Sign and Check all Options in which you will participate.

Competitive _____ Signature of Commitment
Team

Individual

Supportive _____ Signature of Commitment
Meeting

I have read, understand, and agree to follow the rules & waiver of the Carlisle County GET FIT Challenge.

X _____

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GET FIT TEAM Participant Registration

Team Registration Form

TEAM Name: _____

Address: _____

Phone: _____

Email: _____

Team Captain: _____

Team Members:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

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