



APPLICATION

Name: _____

Address: _____

City/State _____ Zip Code _____ Phone Number: _____

E-Mail: _____

Age: _____ Race: _____ (optional)

Please list important aspects of your medical history (i.e. heart disease, high blood pressure, arthritis, diabetes, etc.)

Yes No Has your doctor ever diagnosed you with a heart condition and indicated you should restrict physical activity to that only recommended by a doctor?

Yes No Do you feel pain in your chest when you do physical activity?

Yes No In the past month have you had chest pain when you were not doing physical activity?

Yes No Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No Do you have bone/joint problems that could worsen by a change in your physical activity?

Yes No Do you know any other reason why you should not do physical activity?

If any answer was marked yes above, I would be willing to obtain signed release from my primary medical provider to participate. Yes No

I am willing to get a physical, including biometric screenings, prior to participating. Yes No

I am willing to sign a photo/video release form for interviews, media, and other promotional purposes. Yes No

Please Note, the American Heart Association will be committing staff, volunteer and donated resources to this program. Please understand if you are chosen for this program that all group sessions are mandatory. Please note below the time commitment requirements for all sessions/events and ensure you are able to participate prior to submitting application.

- ❖ Kick-off event- February 20, 2018 at 6:00 p.m. at the AHA Office, Albany
- ❖ Weekly Group Workout- 5:30 p.m.-6:30 p.m. on Tuesdays at SEFCU gym, Patroon Creek, Albany
- ❖ Minimum bi-weekly documented workouts – per your schedule at YMCA
- ❖ Group workshop with Price Chopper/Market 32 – Saturday, March 10
- ❖ Total of 3 wellness workshops- Creating a Healthier You on March 1; Meet the Trainer on April 5; & Guided Imagery on May 3 at 5:30 p.m.
- ❖ Macy's Red Dress Pampering Day- May 19, 9 am-Noon
- ❖ Go Red for Women Luncheon - May 24, 2018, 8 a.m.-3 p.m.

What do you think is the biggest challenge you would have to making food modifications?

What is your healthiest and non-healthy food habit?

Where do you currently learn about food and health?

Please list any previous diet attempts: _____

Please indicate your current and past activities:

Weight Training • Cardio Training • Yoga • Pilates • Dance • Other (What?) _____

How often: _____ Do you belong to a gym? Yes No If Yes, which one?

Please rate your readiness to make a major lifestyle change from 1-5

(1—no interest, 5—very ready): _____

Your current employer/school & role: _____

Indicate stress level: High Medium Low

Do you smoke cigarettes? Yes No If yes, are you ready to quit? Yes No

Tell us about your goals! What 3 things will you accomplish if chosen as a participant in the BetterU Challenge? **(Please be as specific as possible)**

1) _____

2) _____

3) _____

In 100 words or less, please let us know why you feel driven to participate in this life changing program and why you should be chosen for BetterU 2018:

Please indicate YMCA preferred location for workouts: Guilderland Southern Saratoga

I understand that should I be chosen as a finalist, my role as a 2018 Better U Program participant is a significant responsibility and I will make it a high priority to commit myself with all my heart.

Signature: _____

Printed Name: _____

Please submit complete application by **Jan. 19th deadline** to:

casey.swartz@heart.org or
American Heart Association BetterU Program
4 Atrium Drive, Suite 100
Albany, N.Y. 12205

For assistance, please contact Sharon Horton at 518-626-8754 or sharon.horton@heart.org