



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

National Diabetes Prevention Program Participant Enrollment Application

Name _____

Gender _____ Height _____ ft _____ in Age & D.O.B _____

Home Address _____
city state zip

Home/Cell Phone _____ Email Address _____

Have you had blood glucose testing that indicated you have pre-diabetes? YES NO

Did you take the Prediabetes Risk Test (Attached)? YES NO

If yes, were you found to be at risk for pre-diabetes? YES NO

Have you had a diagnosis of Gestational Diabetes during a pregnancy? YES NO

Have you been referred to the program by a physician? YES NO

Please list some the challenges you think you may have in participating in this program: _____

The National Diabetes Prevention Program is designed to be a year long program. During the first 10 weeks the meetings will be held **weekly**, for the following 6 weeks the meetings will be held **every other week**, and the last 7 months of the program the meetings will be held **monthly**.

For the duration of the program, participants will be trained and expected to track exercise and food intake each week. We will also do private weigh-ins at each meeting to track progress.

Are you ready and committed to making your health, meeting attendance, and food & exercise tracking a priority for the next year? YES NO

Please complete both sides of the form.

Ethnicity and Race

Please answer ALL 6 questions. These answers are for reporting purposes only.

My Ethnicity

I am I am not Hispanic or Latino

My Race

I am I am not American Indian or Alaska Native

I am I am not Asian

I am I am not Black or African American

I am I am not Native Hawaiian or Other Pacific Islander

I am I am not White/Caucasian

National Diabetes Prevention Program Participation Waiver:

Liability Waiver: I understand that the Mesabi Family YMCA (YMCA) assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition, or resulting in my observation or participation in any activity or use of facilities or equipment used for YMCA activities. I hereby release and discharge the YMCA, its agents, sponsors, volunteers and employees from any and all claims of injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. **Property Loss:** I understand that the YMCA is not responsible for personal property lost, damage or stolen while I am using YMCA facilities or on YMCA program premises. **Registered Sex Offender Policy:** I understand that it is the policy of the Mesabi Family YMCA to deny membership, program participation, and use of the facility to individuals listed on the National Sex Offender Registry. **Photo Permission:** I give permission for the YMCA to use, without limitations or obligations, photos, video footage or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs and activities. **Submitting of Data:** I agree to allow the Mesabi Family YMCA to utilize and submit data pertaining to the results I achieve in the NDPP program. Unidentifiable data that will be submitted as part of the group reporting will include; but are not limited to, attendance, body weight, physical activity minutes, and weight loss. Additional data may be collected and submitted based on requirements of the Center for Disease Control and other national organizations. **This waiver and release is given for myself and my participation in the NDPP Program. I acknowledge the conditions for program participation stated above. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

Print Name: _____

Signature: _____

Date: _____

Please complete both sides of the form.