



Official Application

Please complete and review the entire application, procedures, eligibility requirements and rules before submitting your application and answer all questions honestly. The first fifty (50) applicants will receive first round priority. Please email application to transformation@eqclubs.com, FAX to (805) 541-5573, or drop off at Equilibrium Fitness for Women. Deadline for submission is Sunday, January 24th by 12 PM but you're encouraged to submit ASAP.

1.) Your Personal Information

First Name: _____ Last Name: _____
Street Address: _____ City: _____ Zip: _____
Work Phone: _____ Cell Phone: _____
Email: _____
Gender: [please circle] Male | Female Age: _____ Date of Birth: _____
Ht: _____ Current Weight: _____ Body Fat (if known) _____

2.) In which occupation(s), if any, have you been employed? What is your current work schedule? [Please list the last three.]

3.) What is your level of education and what school[s] did you attend?

4.) Name three of your favorite hobbies: EQ_TransfCh_Application2010.doc

a.) _____
b.) _____
c.) _____

5.) List the three adjectives that best describe you:

a.) _____
b.) _____
c.) _____

6.) What is the accomplishment that you are most proud of?

7.) What is your biggest fear or phobia?

8.) Are you actively involved in any local community organizations or groups?



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9.) Who is your biggest supporter?

10.) What famous person reminds you of yourself?

11.) What type of activities do you like to do?

12.) What is your biggest pet peeve[s] about yourself?

13.) What sports, hobbies, or special skills do you have?

14.) What is your primary motivation for being accepted into Equilibrium's Transformation Challenge?

15.) How would someone who really knows you describe your BEST qualities?

16.) Give us a brief synopsis of your dieting history:

17.) What is something that we wouldn't know by looking at you?

18.) What food do you dislike the most?

19.) My favorite restaurant is: _____



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20.) Describe your favorite meal. _____

21.) Complete the following:

a) Food is

b) Exercise is

c) My weight is

22.) What would motivate you to lose weight? Why do you want to lose weight?

23.) How much weight do you want to lose? _____

24.) Describe your most embarrassing moment or experience.

25.) What do you think would be the best thing about losing weight?

26.) What's the hardest thing about being overweight?

27.) Do you have any bad habits that you wish you could change?

28.) Describe a major issue or obstacle that has affected your life. How did you overcome it? Do you still face this issue?



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29.) How competitive are you?

30.) How athletic are you?

31.) Is there anything else you need or want to tell us?

Quick Facts

32.) Have you had plastic surgery? Yes No _____

33.) Are you currently a member of a health club? Yes No _____
If so, where do you belong and what activities are you currently involved with?

34.) Have you ever been treated for any serious physical illness(es) or injuries? Yes No. If so, how did you overcome this obstacle?

Describe: _____

35.) Do you have any allergies or medical conditions? Yes No

Describe: _____

36.) Do you have any physical conditions, special needs or fears that we should know about? Yes No

Describe: _____

37.) Have you ever been convicted of a violent offense or a felony? Yes No

Describe: _____

38.) Do you know anyone else who is applying to be in Equilibrium's Transformation Challenge? Yes No

If so, give name(s) and describe your relationship with said person(s):

39.) How did you hear about Equilibrium Fitness for Women's Transformation Challenge?



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PAR-Q FORM Please mark YES or No to the following: YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? _____

Do you frequently have pains in your chest when you perform physical activity? _____

Have you had chest pain when you were not doing physical activity? _____

Do you lose your balance due to dizziness or do you ever lose consciousness? _____

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? _____

Are you pregnant now or have given birth within the last 6 months? _____

Have you had a recent surgery? _____

If you have marked YES to any of the above, please elaborate below:

Lifestyle Related Questions:

1) Describe your living situation: Married Single Separated/Divorced Roommate(s) Other

2) Do you have any children? YES NO If yes, please list their ages and names:

3) Do you drink alcohol? YES NO If yes, how many glasses per week? _____

4) Do you smoke? YES NO 5) How many hours do you regularly sleep at night? _____

6) Describe your job: Sedentary Active Physically Demanding Requires Travel

7) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____

8) List your 3 biggest sources of stress:
a. _____ b. _____ c. _____



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9) Is anyone in your family overweight? Mother Father Sibling Grandparent

10) Were you overweight as a child? YES NO If yes, at what age(s)? _____

Fitness History:

1) When were you in the best shape of your life? _____

2) Have you been exercising consistently for the past 3 months? YES NO

3) When did you first start thinking about getting in shape? _____

4) What, if anything, has stopped you in the past? _____

5) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? _____

Nutrition Related Questions

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? _____

2) How many times a day do you usually eat (including snacks)? _____

3) Do you skip meals? YES NO 4) Do you eat breakfast? YES NO

5) Do you eat late at night? Sometimes Often Never

6) How many glasses of water do you consume daily? _____

7) Do you feel drops in your energy levels throughout the day? YES NO If yes, when? _____

8) Do you know how many calories you eat per day? YES NO If yes, how many? _____

9) Are you currently taking a multivitamin or any other food supplements? YES NO
If yes, please list the supplements: _____

10) How many times per week do you eat out? _____

11) Besides hunger, what other reason(s) do you eat?

Boredom Social Stressed Tired Depressed Happy Nervous

12) Do you eat past the point of fullness? Often Sometimes Never

13) Do you eat foods high in fat and sugar? Often Sometimes Never

14) List 3 areas of your Nutrition you would like to improve:

a. _____ b. _____ c. _____

Exercise Related Questions: Skip to next section if you are presently inactive.



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1) How often do you take part in physical exercise?

5-7x/week 3-4x/week 1-2x/week

2) If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest Illness/Injury Lack of Time Other _____

3) How long have you been consistently physically active for? _____

4) What activities are you presently involved in?

Cardio &/or Sports	Frequency/Week	Average Length	Easy/Mod/Hard

Strength Training	Frequency/Week	Average Length	Easy/Mod/Hard

List exercises _____

Stretching	Frequency/Week	Average Length

5) The group workout provided throughout the Transformation Challenge will most likely be held 6:30-7:30 AM. Please indicate which time you'd be able to attend.

- Monday Wednesday Friday
- Tuesday Thursday Saturday



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General Participant Rules & Guidelines

1. All inspired females, 18 years and older, are invited to apply. All applications received within deadline will be reviewed and considered.
2. Applicants will be required to participate in a panel interview process to be considered for the Transformation Challenge. Once the applications have been reviewed, and all candidates interviewed, all potential candidates will be asked to attend The Transformation Challenge Launch meeting. Candidates will be chosen at this meeting and candidates must be present to be accepted into the program.
3. Participants are required to be screened by a physician prior to beginning the Transformation Challenge. Dr. Aaron Kromhout, and/or Nurse Practitioner of Creating Harmony Women's Healthcare will provide the pre/post screening along with a prescribed blood panel. The screening and blood panel will be provided to you at no charge. If additional services or tests are suggested, your insurance will be billed. If you prefer to have your personal physician perform the screenings and blood work, you will incur all costs and fees associated with the visit.
4. Participants may be asked to be screened by Dr. Rex Stevens, D.C., Dr. Molly Stevens, or Dr. Sandy Sachs, D.C., to be evaluated for muscular imbalances, musculoskeletal injuries, or physical contraindications to exercise. A pre/post screening will be provided to you at no charge. If additional services or tests are suggested, your insurance will be billed.
5. Participants must meet the minimum workout regimen recommended and provided by EQ staff and team. Workouts *may* be prescribed every day of the week and last upwards of 2 hours or more per workout or activity.
6. Participants may be required to follow a diet and meal plan provided by EQ nutritionist and related staff. Participants will be required to complete a daily food and activity journal.
7. Participants will agree to have their measurements, statistics, biography and progress highlighted in all media outlets including television, commercials, radio or print ads.
8. Paid participants are eligible for prizes. The grand prize for the single overall winner goes to the competitor who loses the greatest percentage of bodyweight, body-fat percentage and circumferences. This prize will minimally include a year membership to Equilibrium Fitness for Women. Additional prizes will be announced during the Transformation Challenge launch meeting. If a sponsored candidate wins the Transformation Challenge, they will be eligible for second tier prizes and/or awards.
9. This contest will be conducted for 12 weeks beginning with the first team training session. The date will be announced at a later time.
10. There will be at least three mandatory team training sessions a week.
11. Educational and discussion groups will be held on a weekly and monthly basis. Meetings are mandatory to improve your success during the program. A schedule will be provided to you prior to beginning the program.
12. Along with the required team training sessions all contestants must conduct two more training session that week on their own or with their team. Each team member is encouraged to train at Equilibrium more than five times a week. These sessions must be documented using our MBO system and can include anything in the facility, group-x, cardio or weights.
13. Disqualification of a contestant will result after the team member has missed two training/educational sessions. Even if the reason is valid the contestant will be removed and the alternate will be inserted.
14. Disqualification occurs if any contestant is found to be lying, cheating or using any type of supplement that reduces bodyweight, or induces starvation-like methods, to include but not limited to fasting, the use of laxatives, diuretics, prescription weight loss medication (with the exception of valid metabolic medication) and any other weight loss aids. Inappropriate behavior towards another participant including negative talk, discrimination, aggression or sabotage is grounds for immediate disqualification from the Transformation Challenge.



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