

## Captain's Checklist

### Registration

- Complete Team Registration Form (found in package)
- Complete Participants' Release forms (one per person)
- NO COST THIS YEAR
- At the end of week 6 please hand in your team totals

### Tracking

- Collect points from each team member weekly and **submit on Wednesdays of each week by NOON** to

The Committee by one of the following methods:

**Email:** hrcommunitywellnesschallenge@gmail.com

**Text:** 403-336-2568

**Voicemail:** 403-336-2568

- Outline of points list can be found in the Participant Guide book
- WATCH Information Sessions (ONLINE)
- Have team complete the feedback sheets
- Enjoy yourself!
- Use #hrwellnesschallenge on your social media so we can assign you some social media bonus points!

High River



April 19 to May 30, 2020

## Team Captain Guidebook

Celebrating our

**10<sup>th</sup>**

Community Wellness Challenge

**Let's Get Better Together**

# Team Score Card

Team Name:

Team Captain:

Contact:

Email, text, or voice mail your team totals to Our High River by **NOON on Wednesday of each week.**

Hand in this form at the end of the 6 weeks to Our High River by one of the following methods:

- Email:** [hrcommunitywellnesschallenge@gmail.com](mailto:hrcommunitywellnesschallenge@gmail.com)
- Text:** 403-336-2568
- Voicemail:** 403-335-2568

Any questions throughout the High River Community Wellness Challenge may be directed to the Committee via the methods listed above.

Team Members' Names	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total Points
<b>TEAM TOTAL</b>							

**10th High River Community Wellness Challenge  
(Sunday, April 19 – Saturday, May 30, 2020)**

**Team Registration Form**

**1. Captain Name:** \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Age: \_\_\_\_\_

**2. Member Name:** \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Age: \_\_\_\_\_

**3. Member Name:** \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Age: \_\_\_\_\_

**4. Member Name:** \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Age: \_\_\_\_\_

**PARTICIPANTS' RELEASE**

**TEAM NAME:** \_\_\_\_\_

I acknowledge that my participation in the Community Wellness Challenge is purely voluntary and that the Challenge is a recreational activity. I further acknowledge that the Community Wellness Challenge is not responsible for any health-related risks associated with my participation in the Challenge.

I release the Community Wellness Challenge and all of its employees, volunteers, owners, and agents from any liability associated with my participation in the Challenge. I confirm that I have spoken to a physician before beginning the Challenge if I have any concerns regarding my participation.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of **parent/guardian** if above-named participant is under 18 years of age \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PHOTO RELEASE**

I hereby authorize and give permission to the sponsoring agencies for the reproduction, use, display, publication or distribution, without restrictions or limitations of the images taken, either in whole or in part, of me/my ward. I agree to no payment now or in the future. I hereby waive any right that I may have to inspect and/or approve the finished work or the advertising copy that may be used in connection therewith or the use to which such finished work may be applied.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**NOTE: If you do not wish to have your photo taken, please step out of the way or let the photographer know.**

## High River Community Wellness Challenge 2020

### Feedback Form

Please have each team member complete this form. Thank you!

Name:

Age:

Contact:

Have you noticed improvement in any of these areas since the beginning of the Wellness Challenge?

- Energy
- Eating
- Sleeping
- Activity
- Self Care
- Work/Life Balance
- Stress Management
- Knowledge about Wellness
- Connection to Others

What was your favorite part of the Wellness Challenge?

How could we make it even better?

Please return this completed form to the Committee by June 9 via email: [hrcommunitywellnesschallenge@gmail.com](mailto:hrcommunitywellnesschallenge@gmail.com)

Thank you for being a part of the 2020 Challenge, and for taking the time to let us know what worked and didn't work.

**We are getting better—together!**

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