



2026-2027
H.E.L.P.
Challenge
REGISTRATION FORM

**EVENT NAME**

2026-2027 H.E.L.P. Challenge

**EVENT DATE**November 1, 2026
(12 weeks)**EVENT LOCATION**PH - Diabetes Prevention
Services**PARTICIPANT INFORMATION**

Name: _____ Date: _____

Date of Birth: _____ Gender: ☐ Female ☐ Male

Phone Number: _____

Email Address: _____

Tribal Affiliation: _____

SRPMIC Employee? ☐ Yes ☐ No Employee ID#: _____SRPMIC Community Member? ☐ Yes ☐ No SRPMIC ID#: _____WellPath or StrongLife Participant? ☐ Yes ☐ No Department: _____**SRPMIC COMMUNITY MEMBER ADDITIONAL INFORMATION**

Name of family member under the age of 15: _____

*(If you are enrolling a family member, please list name(s).)***LIABILITY WAIVER**

I understand that participation in the 2026–2027 H.E.L.P. Challenge may include physical activity, nutrition education, and other wellness-related activities. I acknowledge that I am voluntarily participating and assume any risks associated with this program. I agree to hold harmless SRPMIC, Public Health – Diabetes Prevention Services, and their staff from any liability, injury, or damages that may occur as a result of my participation.

Participant Signature_____
Date**PARENT/GUARDIAN SIGNATURE (IF PARTICIPANT IS UNDER 18 YEARS OLD)**

I consent to my child's participation in the 2026–2027 H.E.L.P. Challenge and acknowledge the information above.

Parent/Guardian Signature_____
Date