The Spartan Slimdown is a 9-week fitness and wellness program designed to provide a safe, effective, and fun way for students to adopt a healthy and active lifestyle through exercise, education, and behavior modification. All participants will have the opportunity to work out in a comfortable, judgment-free environment with the help of professional and peer support.

Students interested in participating in the program must be dedicated to making a lifestyle change by committing to regular physical activity and healthy eating habits. Participants must be serious about their commitment to the program. Students should have a goal of shedding 15-20 pounds in order to reach a healthy weight.

Criteria:

- Must be a full time undergraduate University of Tampa student. Graduate students will be given consideration if spots are left unfilled by undergraduate students.
- Beginning exerciser with 15-20+ pounds to lose.
- Commit to two group workouts and three unsupervised workouts each week. Group training will be determined during the first meeting of the program once participants are selected.
- Attend group challenges/workouts most Friday mornings.
- Complete the required application form and 250 word essay describing why you should be selected for the program and turn it in with your spring schedule to Kelly Clare, McNiff 112, by 11:59 P.M. on Tuesday, February 9th, 2016.
- $120.00 fee ($60.00 will be returned to participants who complete the 9-week program), due only if selected to participate. Fees will be collected at the first meeting.
Spartan Slimdown Application

Name: _____________________________   Student ID number: ________________________
Phone number: __________________          Email:____________________________________

Gender:
Residence (circle one):  Off-campus  On-campus Residence Hall:________________________
Date of Birth: ______________________________

Weight: ___________________ Height: _______________________
How did you hear about this program? _______________________________________________________

Commitment:
Participants are required to attend one hour group workouts at the McNiff Fitness Center two days/week and workout with your assigned buddy three days/week. Can you make this commitment?
(circle answer)          YES     NO
If NO, please explain why: ________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Training will likely be two days per week. There will also be Friday weigh-ins and fun challenges. Are you available at this time?
YES    NO

Application Questions
1. How have you tried to lose weight in the past?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. What’s your biggest obstacle with losing weight?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. What form of motivation works best for you; competition and challenges or motivation and positive encouragement? Describe what helps to motivate you?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

4. What interests you most about the possibility of being part of this program?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
5. Do you find it hard to make a commitment or goal and stick with it?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

6. How much weight do you want to lose and why?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

7. Describe your favorite meal: ____________________________________________________________

__________________________________________________________________________________________
__________________________________________________________________________________________

8. Describe what food is to you, and the role it plays in your life:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

9. Describe what exercise means to you, and the role it plays in your life:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

10. What’s the hardest thing about being overweight?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

11. How do you handle stress and/or stressful situations?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

12. Have you ever, or are you currently, receiving any counseling for any kinds of mental health problems including alcohol, tobacco, drugs, or an eating disorder? If yes, describe:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
13. Have you ever been a cigarette smoker?  Y  N

If yes, do you currently smoke, and how often? ________________________________

14. If you smoke cigarettes regularly, how many times have you SERIOUSLY tried to stop
smoking? ________________________________________________________________

________

Quick Facts (Circle & Answer)

1. Have you ever been treated for any serious physical illness(es) or had any serious injuries?
Y  N  Describe:______________________________________________________________

__________________________________________________________________________

2. Are you on any prescription medication that you take on a regular basis?
Y  N  If yes, what medication and for how long? __________________________________

3. Do you have any allergies or medical conditions?  Y  N
If yes, please describe: _______________________________________________________

__________________________________________________________________________

4. Do you have any physical conditions, special needs, or fears that we should know about?
Y  N  If yes, please explain: __________________________________________________

__________________________________________________________________________

5. On average, how many hours of sleep do you get per night?  4 or less  6 or less  7 to 9  9+

Personal Statement

Please explain in 250 words or less why you should be chosen to participate in the Spartan Slimdown Program. Include short term and long term goals. Please attach your personal statement to the application.