

# The Challenge

What do you have to lose?



**Duration:**  
**June 1st to**  
**August 30th**

**402 MacArthur Road,  
Brooklyn, NY 11252**



# 2018

# Handbook

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Memorandum of Instruction (MOI) for The Challenge

1. PURPOSE: To provide guidance and establish procedures for the 2018 Fort Hamilton weight loss competition
2. REFERENCES:
  - a. AR 600-63, Army Health Promotion, 14 April 2016.
  - b. DoD Directive 1010.10 Health Promotion and Disease/Injury Prevention, July 12 2017.
3. OBJECTIVE: To promote a healthier community by enhancing individuals fitness knowledge and promote the development of physical fitness, health, and wellness
4. ELIGIBILITY: Active duty personnel, retirees, reserve/guard personnel, family members, DA civilians and other authorized personnel. Participants must be 18 years or older.
5. PROCEDURE:
  - a. The three-month competition will determine who can lose the most weight/body fat in a healthy manner. The program is designed to cultivate habits to help springboard you to a lifelong approach to healthy eating and exercise.
  - b. Individuals participating in the program will have for weigh-in/body fat measurements starting with the mandatory initial weigh-in and mandatory final weigh-in. Participants must attend two out of the three other weigh-in dates.
  - c. Participants will receive motivation/information emails and be eligible to participate in specialized fitness classes.
  - d. Prizes will be awarded for the top male, female, and 2 person-team. Participants taking part in any extreme weight loss measures such as fasting, use of illegal diet supplements, plastic suits or liposuction will forfeit their right to any award.
6. The point of contact for this memorandum and the overall management of the program is the Sports and Fitness Director or Fitness Specialist at DSN: 232-4935/4830/4793 or commercial 718-630-4935/4830/4793.

Michael C. Ingram  
Director, Sports & Fitness



## **The Challenge - Registration Form**

Please bring this form with you to the initial weigh-in along with the completed documentation as outlined below.

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

**PHONE NUMBER:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

All documentation has been received and is complete:

\_\_\_\_\_ Informed Consent

\_\_\_\_\_ Health History Form

\_\_\_\_\_ Medical Approval Form (If indicated necessary by Health History Form)

\_\_\_\_\_ Progress & Goals (Please complete the goal setting section prior to initial weigh-in)

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### **Weigh-In Schedule**

Weigh-ins will be held at the Fort Hamilton Fitness Center. To be eligible for final prizes, contestants must attend 2x other weigh-ins and must take part in initial and final weigh-in.

#### **Initial Weigh-In**

**4 June, 2018**

0730-0900 & 1100-1230

**5 June, 2018**

1630-1800

Other Weigh-In (participants must choose 2x weigh-in dates/times)

**25 June, 2018**

0730-0900 & 1100-1230

**17 July, 2018**

1630-1800

**23 July, 2018**

0730-0900 & 1100-1230

**6 August, 2018**

0730-0900 & 1100-1230

#### **Final Weigh-In**

**27 August, 2018**

0730-0900 & 1100-1230

**28 August, 2018**

1630-1800

**30 August, 2018 = Winners Announced**

# The Challenge - Progress Chart and Goal

DATE	BODY WEIGHT	BODY FAT %	BODY CHALLENGE FACTOR
4 or 5 June 2018 INITIAL			
_____ 2018 PARTICIPANTS CHOICE			
_____ 2018 PARTICIPANTS CHOICE			
27 OR 28 August 2018 FINAL			

BODY CHALLENGE FACTOR = % BODY WEIGHT LOSS + % BODY FAT % LOSS.

FOR EXAMPLE: INITIAL WEIGHT 220 LBS, BODY FAT 30%. NEW WEIGHT 200 LBS, BODY FAT 25%

BODY CHALLENGE FACTOR =  $(20/220) + (5/30) = 0.091 + 0.167 = .2576$

TEAM SCORES WIL BE THE SUM OF EACH INDIVIDUAL BODY CHALLENGE FACTOR

\*Body fat percentage will be measured on a Tanita Body Fat Monitor/Scales using bioelectrical impedance analysis. Changes in hydration levels can affect readings. If your body is dehydrated, you will experience a higher than normal reading. If you are over-hydrated, you could experience a slightly lower reading. It is recommended you weigh in at least 3 hours after rising, eating a large meal or exercising. For the most accuracy, take readings under the same conditions (day, time, hydration levels).

## Goal Setting:

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

S= Specific (Provide details, how long, how much etc.)

M= Measurable (How will you measure whether you've reached your goals)

A= Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. How will you feel once you've achieved these goals? Be specific.

3. Where do you rate health in your life? Low priority Medium Priority High priority

4. How committed are you to achieving your fitness goals? Very Semi Not very

5. Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.).

6. Outline 3 methods that you plan to use to overcome these obstacles:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

## The Challenge - Informed Consent

I desire to engage voluntarily in an exercise program in order to attempt to improve my physical fitness and general health. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardiorespiratory system and thereby attempt to improve function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardio-respiratory fitness, body composition, flexibility, muscular strength and/or endurance. All exercise programs include warm-up, exercise, and cool-down. The programs currently include, but are not limited to, exercise testing, aerobic exercise and strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the staff of the symptoms immediately.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my medical provider and obtain their approval prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in this exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless Fort Hamilton Family & Morale, Welfare and Recreation or its employees and agents, specifically personal trainers supporting any of these activities, from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

In signing this consent form, I affirm that I have read this form in its entirety and I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

I further acknowledge that I have read the below health history form and either have none of the identified issues and no other concerning health issues OR state that I will seek physician approval before starting a new fitness activity or dramatically increase my activity level (duration, frequency or intensity.) I understand this is my responsibility and that by not seeking medical approval to participate I am placing myself at risk and assuming ALL liability.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fitness Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person to Contact in Case of Emergency:

(Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_

(Phone Number) \_\_\_\_\_

# The Challenge-Health History Form

Before engaging in a moderate physical conditioning program, it is required that you complete this form. Occasionally, diseases are present which the individual is not aware of. This is often true in the beginning stages of cardiovascular (heart and blood vessel) disease — especially as an individual gets older. These undetected or “sub clinical” diseases may cause problems when a vigorous exercise program is begun.

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

2. Are you taking any medications or non-prescription drugs? (Please circle) YES NO

If yes, please list (including supplements) \_\_\_\_\_

Reason for taking medication listed? \_\_\_\_\_

3. Are you allergic to any medications? (Please circle) YES NO

If yes, please list: \_\_\_\_\_

4. Do you have, or have you had, any of the following: (please circle)

a. Any chronic illness or conditions YES NO

b. Recent surgery (last 6 months) YES NO

c. Pregnancy (now or within last 3 months) YES NO

5. Do you currently use tobacco products? YES NO

If yes, what do you use? (Please circle) Cigarettes Chew Tobacco Cigar

**YES NO**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you feel pain in your chest, neck, jaw, or arm when doing physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you experience any shortness of breath with moderate continuous exercise?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the last month have you felt chest pain at rest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you had any problems with light-headedness or dizziness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a known cardiac (heart) disease or hypertension (high blood pressure)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you experienced episodes of rapid beating or fluttering of the heart?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you unintentionally lost or gained more than 10 percent of your body weight since the last Physical Fitness Assessment cycle? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you suffer from lower leg swelling?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you have difficulty breathing or have sudden breathing problems at night?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you have a bone, joint, or muscle problem that may prevent you from doing physical activity of any kind?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you have any personal history of metabolic disease (thyroid, renal, liver)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you had a change in your medical history in the last 6 months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Are you currently pregnant or think you may be pregnant?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Are you currently taking any medications or supplements?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Are you prone to heat exhaustion or heat stroke?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Do you know any other reason why you should not do physical activity?   |

## YES to one or more questions

**If you answered**

If you answered any of the above questions with a “YES”, you must get a physician medical clearance form. Tell your doctor about this form and which question(s) you answered YES so that he/she can best advise you on your participation in a personal fitness program.

## NO to all questions

If you answered accurately, you have reasonable assurance of your present suitability for a graduated exercise program – a gradual increase in proper exercise promotes good fitness development while minimizing discomfort.

# **The Challenge**

## **Medical Approval Form**

**(If determined necessary from the health history questionnaire)**

Dear Health Care Provider,

Your patient \_\_\_\_\_, would like to enroll in the Civilian Fitness Program. Based on information that s/he completed on the Health History Questionnaire, s/he requires medical clearance from you prior to participating in this program. Please refer to the Health History Questionnaire Form for the specific item(s) in question. Please complete the Primary Care Manager Approval Form below and return it to your patient. Thank you very much in advance

If you have any questions, please contact Fort Hamilton Fitness at 718-630-4793 0163-254-3459.

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MEDICAL APPROVAL BY PRIMARY CARE MANAGER

Patient Name \_\_\_\_\_ Phone \_\_\_\_\_  
has medical approval to participate in the Civilian Fitness Program. I understand that the program includes mild to moderate intensity exercises. I also understand that participation is voluntary, allowing the participant to stop and rest at any time s/he desires. If the participant is restricted from performing certain exercises, please list restrictions and suitable exercises that may be substituted in the space provided below.

**The following exercise restrictions and substitutions apply (if none, so state):**

Primary Care Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Must be dated within 30 days of start of program

Provider's Name/Stamp \_\_\_\_\_

Office Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## Here are some tips to getting a good start and keeping on track for your fitness goals.

1. Learn all you can about exercise. Find different techniques to keep your routine from getting boring; not only will your mind get tired of the same exercises everyday, but your muscles will not work as hard without a challenge. The way to keep increasing your fitness level is by periodically changing your routine.
2. Minimize your chances for injury. Working too hard, too fast will most likely cause you undue pain and soreness. Avoid injuries by choosing moderate exercises until your body has adapted to the new demands you're placing on it.
3. Establish short-term goals. Everyone needs a goal to keep focused. Make sure you set reasonable goals that will challenge you but make them realistic. You know you are not going to walk 10 miles everyday when you're just starting, so set a goal of 15-20 minutes, 2-3 times a week until you get use to having fitness in your routine. Additionally, don't make your goals too general. Make your goals achievable and specific, for example, instead of saying, —I want to have a body like \_\_\_\_\_, I say, —I'm going to lose 5 pounds this month. I
4. Do things you enjoy. Let's be realistic, there are only a few people in this world who truly wake up in the morning and crave exercise. To make it easier to meet your goals, pick activities you enjoy doing. Find a park you like to walk in, go to a fitness class with friends, or go bike riding with your partner. If you have kids, play with them (they'll keep you going for hours). Find something that's fun — it will keep you moving and improving.
5. Record your progress and failures. This contest will provide excellent incentive because it will track your progress. But, you should go a step further and log your food diary and workout log. When you feel discouraged, look back through your journal and marvel in the fact that you can do five more sit-ups than last week, or not drinking 5 cokes per day, or you were able to jog 10 min, when 2 weeks ago you could barely jog 2 minutes. Realizing that you are steadily achieving small victories will help keep you striving to reach your goals.
6. No time? Everyone's biggest excuse to ignore exercise is that they don't have time. If you see yourself using this excuse, try splitting up your workouts. Tests have shown that even if your cardio is split up, you still reap the benefits. Wake up 10 minutes earlier in the morning and go for a walk, at lunch walk another 10, and after dinner do another 10. You just did a 30 minute cardio routine with proper time management! Did you see the last Oprah ? During that period you could be working out. Yes, you need to relax, but don't let relaxing mean —sedentary. I We were meant to be active! And exercise will relieve stress.
7. Make a schedule. Add your work out time to your date book. Make an appointment with yourself, that way you make the time available. Don't allow other commitments to be scheduled during your work out time. Remember, your do- ing this for yourself and your family. In the end, everyone will be grateful that you set that time aside!
8. Find a buddy. Find someone who will motivate you and be committed to you and working out. Don't let your buddy be an excuse to miss a work out. —Sue did- n't show, so I guess I'll go home. I If your partner doesn't make it ,stick to your schedule and don't be co-dependant.