

Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians  
**2025 ADULT FITNESS PROGRAM**  
**REGISTRATION FORM**

(Please Print)

**TRIBAL MEMBER INFORMATION**

Last Name:	First:	Middle:			
Mailing Address:	Home Phone #:	Birth Date:	Age:	Sex:	
City:	(     )	/ /		<input type="checkbox"/> M	<input type="checkbox"/> F
State:	Roll Number:				
Zip Code:					
Email address (optional):					

Name of the fitness facility/weight loss program where you are a member or wish to join:

Do you have diabetes or has a healthcare practitioner ever told you that you are pre-diabetic?  Yes  No  
 (If you mark "Yes" please complete the screening form on the back of this application.)

Would you be interested in participating in a Chronic Disease Management Program? (In Service Area)  Yes  No

Would you be interested in participating in group fitness activities? (5-counties only)  Yes  No

**SPOUSE INFORMATION**

Last Name:	First:	Middle:			
		Birth Date:	Age:	Sex:	
		/ /		<input type="checkbox"/> M	<input type="checkbox"/> F

Name of the fitness facility/weight loss program where you are a member or wish to join:

**AGREEMENT**

I agree to the following:

- ✓ I understand the Adult Fitness Program covers the cost of fitness center membership and fees with an annual cap of \$500.
- ✓ I may also use my Fitness Benefit for the following: 1) Non-medical weight loss/management programs (must be pre-approved); the entire \$500 annual amount may be used. 2) Equipment allotment for adults is \$250; this benefit cannot be combined with other family members. 3) Each adult participant may use up to \$65 to purchase the new Nike N7 shoes with a limit of one pair annually. (Program details are available at <https://www.ctclusi.org/communityhealth>.)
- ✓ If I register for a facility/weight loss program and accrue charges over my allotted amount of \$500 for the calendar year, I agree to pay the balance. If I decide to discontinue my membership, it will be my responsibility to terminate my agreement with the facility/weight loss program and to inform Confederated Tribes, or I will be liable for the unused portion of the membership agreement.

**IMPORTANT DATES:** Receipts for January-June 2025 are due no later than **July 16, 2025**. Receipts for July-December 2025 are due no later than **January 14, 2026**. Late submissions will not be accepted.

Tribal Member Signature:	Date:
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Tribal Spouse Signature:	Date:
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# Prediabetes Risk Test

## 1. How old are you?

- Younger than 40 years (0 points)
- 40–49 years (1 point)
- 50–59 years (2 points)
- 60 years or older (3 points)

Write your score in the boxes below

## 2. Are you a man or a woman?

- Man (1 point)
- Woman (0 points)

## 3. If you are a woman, have you ever been diagnosed with gestational diabetes?

- Yes (1 point)
- No (0 points)

## 4. Do you have a mother, father, sister, or brother with diabetes?

- Yes (1 point)
- No (0 points)

## 5. Have you ever been diagnosed with high blood pressure?

- Yes (1 point)
- No (0 points)

## 6. Are you physically active?

- Yes (0 points)
- No (1 point)

## 7. What is your weight category?

(See chart at right)

Total score:

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	<b>1 Point</b>	<b>2 Points</b>	<b>3 Points</b>
	You weigh less than the 1 Point column (0 points)		

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

## If you scored 5 or higher

You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, Asian Americans, and Pacific Islanders.

Higher body weight increases diabetes risk for everyone. Asian Americans are at increased risk for type 2 diabetes at lower weights (about 15 pounds lower than weights in the 1 Point column).

## You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent type 2 diabetes through a **CDC-recognized lifestyle change program** at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.

Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.

