



RULES & REGULATIONS

1. #AKC SAHA has 2 categories;

TEAM CATEGORY

- **Must consist of 2 members**
(may be mixed or of the same gender)
- **18 years old and above**

FAMILY CATEGORY

- **Must consist of either of the following:**
 - ✓ **Both Parents and child / children (maximum of 5)**
 - ✓ **1 Parent and child / children (maximum of 5)**
 - ✓ **Only children over 12 years old (unless referred from AKC Medical)**

2. Participation is at your own risk. A disclaimer is required for all participants.
3. There is a QAR 200.00 registration fee both for Team and Family, which “MUST” be paid at the Al Waha Club Reception before your first weigh-in. (This fee lasts for the entire duration of the campaign, you will receive a personalized training and diet plan, presentations, workshops, exercise classes and online support).
4. Forms are available at the Al Waha Club Reception. Registration and participation is possible any time during the first 6 weeks.
5. Registration for classes will be done at the start of each month. Participants may only register for three classes each – first come, first served!
6. Registration for special activities can be done at any time. A fee of QAR 10.00 will be collected upon registration for the special activities to ensure the attendance. The fee will be refunded if the participant attended the activity.
7. Awards and recognition will be given to high achieving participants, upon the discretion of the Club Management.



WEEKLY WEIGH – IN PROCEDURE

1. The first weigh-in will take place on 17 February 2019 at Al Waha Gym.
The last weigh-in is on 01 May 2019 at Al Waha Gym. The first and the last weigh-in will be taken each time by two different individuals, as reconfirmation and control!
2. At the end of week 4 and week 8, Al Waha Club Gym will take your weight again, to monitor progress. Other weekly weigh-ins are done by participants themselves. They will be asked to take a photo of their weight and send to Al Waha Recreation via email in order to track their weekly progress. If in any case that the participant wishes to have their weigh-ins at the Al Waha Club Gym, they are free to do so.
3. Weigh-in timings are 07:00 hours to 19:00 hours.
4. The weigh-ins are free of charge.
5. For the weigh-ins, no shoes / jewelry / belts / jackets / are allowed, only appropriate sports attire is to be worn (ideally outfits on 1st & last weigh-in are identical).
6. For further information or clarification, you may contact the following:

Klaus Tiel	Head of Clubs	4473-3600
Mariam Al-Eidan	PR & Events Coordinator	4473-3627
Gerley Quilala	Social Events & Ladies Activities Coordinator	4474-4249
Al Waha Club Recreation	Recreation Reception	4473-3678 4474-4235
Al Waha Club Reception	Main Reception	4473-3666/35

Weekly Fitness Classes



Note: Each SAHA participant may only register for three classes per month to ensure all participants get a chance to attend the classes.

Class	Category	Time	Day	Venue	Max	Instructor
Aerobics	Ladies	4:00pm to 5:00pm	Mon Wed	ANC Badminton	80	Benet
Aero Boxing	Mixed	3:00pm to 4:00pm	Mon Wed	ANC Badminton	80	Caroline
Aqua Aerobics	Ladies	11:30am to 12:30pm	Fri Sat	AKIS Indoor Pool	30	Jacquiline Judy Nicca
Athletic Training	Mixed	7:00pm to 8:00pm	Sun Sat Wed Thu	Old Football Field	Open	Habib Manolito Marciana Maxwell Mohamed Rhany
Boot Camp	Mixed	9:00am to 10:00am	Fri	Old Football Field Shaded Area	50	Hamdy
Circuit Training	Ladies	3:00pm to 4:00pm	Sun Tue	ANC Badminton	30	Marciana
Night Cycling	Mixed	6:00pm to 7:00pm	Mon Wed	AWC Main Entrance	20	Manoj
One on One (Teams of two)	Ladies	10:00am to 11:00am	Sun Tue	ANC Aerobics Room	30	Fatma

** First come, First served*

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Special Activities

ACTIVITY	TIME	DAY	LOCATION
First Weigh-in	7:00am to 7:00pm	Sun - 17 Feb	AWC Gym
Fitness Challenge 1 (Outdoor)	8:00am	Sat - 09 March	Old Football Field
Workshop– Kids Fun Food	5:00pm	Sat - 09 March	AWC Ballroom 2
Walkathon & Poolside Aerobics	7:00am	Sat - 16 March	AKC Street 42 & AWC Poolside
Fun Games Challenge	4:00pm	Sat - 23 March	BC Primary Sports Hall
Fitness Challenge 2 (Indoor)	8:00am	Sat - 06 April	AWC Recreation Area
Cardio Boxing Marathon	6:00pm to 7:00pm	Thurs - 11 April	ADC Badminton Court
Workshop– Healthy Cooking	5:00pm	Sat - 13 April	AWC Ballroom 2
Fun Family Football	4:00pm	Sat - 20 April	Old Football Field
Fitness Challenge 3 (Mixed)	8:00am	Sat - 27 April	Old Football Field & New Primary Sports Hall
Workshop– Healthy Cooking (Vegetarian)	5:00pm	Sat - 27 April	AWC Ballroom 2
Last Mega Workout	5:30pm to 6:30pm	Mon - 29 April	AWC Ballroom 1
Final Weigh-in	7:00am to 7:00pm	Wed - 01 May	AWC Gym
Finale Celebration	6:30pm	Sat - 04 May	AWC Ballroom

* Registration for special activities can be done at any time. A fee of **QAR 10.00** will be collected upon registration for the special activities to ensure the attendance. The fee will be refunded if the participant attended the activity.



On-going Perks

ACTIVITY	DAY	WHERE
Themed Special Menus	All	All Club Restaurants
Personalized Diet Plan	By appointment with Marites (4473-3611)	AWC Admin Office
Regular Nutrition Consultations	By appointment with Marites (4473-3611)	AWC Admin Office
Coach and Personal Training Program	All	AWC Gym
Newsletter	Each Sunday	Email
Food and Exercise Logbook	Ongoing	Online
Exclusive Facebook Community	Ongoing	Online

** Top Achievers will be recognized*

Celebrating a healthier living

Team Registration Form



TEAM NAME: _____

Team Member 1

Part 1: Participants Information
 The ability to participate below the age of 12 years is determined by medical examination & overall physical condition/ health. QG Medical and Clubs Recreation Dept. s will treat any info & reports as strictly confidential.

Staff Number	Family Name		First Name
Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)
Email Address (Work)			Office / Home No.
Email Address (Personal)			Mobile No.

Part 2. Medical Declaration. Please tick the box that corresponds to your answers

Have you at any time suffered from any of the following conditions?

Chest Disease: Tuberculosis, Asthma, Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Disease: Angina, Heart Attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin / other Infectious Diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back / Limb Problems or Injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surgery in the last 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 3. Medical Findings. Please tick the box that corresponds to your answers

BP: _____ mm Hg	Pulse Rate: _____ / min	<input type="checkbox"/> ECG (for > 40 years if applicable)
Undergone Health Check by Clinic: Passed <input type="checkbox"/> Failed <input type="checkbox"/>		
Examining Physician: _____		Date: _____

Part 4. Disclaimer

Participant of SAHA 2019! If you have/had a medical condition/history, that potentially may affect or impact your health while participating in SAHA, you are advised to seek prior medical advice! If you are prepared to take the risk and responsibility, then you sign and submit this **Waiver Certificate** to be eligible for joining in the activities Al Khor Community and Club will **NOT** accept any responsibility and cannot be held liable for participants non-compliance!

Signature: _____ **Date:** _____

Team Registration Form



TEAM NAME: _____

Team Member 2

Part 1: Participants Information
 The ability to participate below the age of 12 years is determined by medical examination & overall physical condition/ health. QG Medical and Clubs Recreation Dept.'s will treat any info & reports as strictly confidential.

Staff Number	Family Name		First Name
Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)
Email Address (Work)			Office / Home No.
Email Address (Personal)			Mobile No.

Part 2. Medical Declaration. Please tick the box that corresponds to your answers

Have you at any time suffered from any of the following conditions?

Chest Disease: Tuberculosis, Asthma, Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Disease: Angina, Heart Attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin / other Infectious Diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back / Limb Problems or Injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surgery in the last 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 3. Medical Findings. Please tick the box that corresponds to your answers

BP: _____ mm Hg	Pulse Rate: _____ / min	<input type="checkbox"/> ECG (for > 40 years if applicable)
Undergone Health Check by Clinic: Passed <input type="checkbox"/> Failed <input type="checkbox"/>		
Examining Physician: _____		Date: _____

Part 4. Disclaimer

Participant of SAHA 2019! If you have/had a medical condition/history, that potentially may affect or impact your health while participating in SAHA, you are advised to seek prior medical advice! If you are prepared to take the risk and responsibility, then you sign and submit this **Waiver Certificate** to be eligible for joining in the activities Al Khor Community and Club will **NOT** accept any responsibility and cannot be held liable for participant's non-compliance!

Signature: _____ **Date:** _____

Family Registration Form



TEAM NAME: _____

Family Member 1

Part 1: Participants Information			
Teen's ability to participate below the age of 12 years is determined by medical examination & overall physical condition/ health. QG Medical and Clubs Recreation Dept.'s will treat any info & reports as strictly confidential.			
Staff Number	Family Name		First Name
Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)
Email Address (Work)			Office / Home No.
Email Address (Personal)			Mobile No.
Part 2. Medical Declaration. Please tick the box that corresponds to your answers			
Have you at any time suffered from any of the following conditions?			
Chest Disease: Tuberculosis, Asthma, Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Heart Disease: Angina, Heart Attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Skin / other Infectious Diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Back / Limb Problems or Injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Surgery in the last 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Part 3. Medical Findings. Please tick the box that corresponds to your answers			
BP: _____ mm Hg	Pulse Rate: _____ / min	<input type="checkbox"/> ECG (for > 40 years if applicable)	
Undergone Health Check by Clinic: _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/>			
Examining Physician: _____			Date: _____
Part 4. Disclaimer			
Participant of SAHA 2019! If you have/had a medical condition/history, that potentially may affect or impact your health while participating in SAHA, you are advised to seek prior medical advice! If you are prepared to take the risk and responsibility, then you sign and submit this Waiver Certificate to be eligible for joining in the activities Al Khor Community and Club will NOT accept any responsibility and cannot be held liable for participant's non-compliance!			
Signature: _____			Date: _____

Family Registration Form

**TEAM NAME:** _____

Family Member 2

Part 1: Participants Information			
Teen's ability to participate below the age of 12 years is determined by medical examination & overall physical condition/ health. QG Medical and Clubs Recreation Dept.'s will treat any info & reports as strictly confidential.			
Staff Number	Family Name		First Name
Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)
Email Address (Work)			Office / Home No.
Email Address (Personal)			Mobile No.
Part 2. Medical Declaration. Please tick the box that corresponds to your answers			
Have you at any time suffered from any of the following conditions?			
Chest Disease: Tuberculosis, Asthma, Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Heart Disease: Angina, Heart Attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Skin / other Infectious Diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Back / Limb Problems or Injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Surgery in the last 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Part 3. Medical Findings. Please tick the box that corresponds to your answers			
BP: _____ mm Hg	Pulse Rate: _____ / min	<input type="checkbox"/> ECG (for > 40 years if applicable)	
Undergone Health Check by Clinic: Passed <input type="checkbox"/> Failed <input type="checkbox"/>			
Examining Physician: _____			Date: _____
Part 4. Disclaimer			
Participant of SAH 2019! If you have/had a medical condition/history, that potentially may affect or impact your health while participating in SAH, you are advised to seek prior medical advice! If you are prepared to take the risk and responsibility, then you sign and submit this Waiver Certificate to be eligible for joining in the activities. Al Khor Community and Club will NOT accept any responsibility and cannot be held liable for participant's non-compliance!			
Signature: _____			Date: _____

Family Registration Form

**TEAM NAME:** _____

Family Member 3

Part 1: Participants Information

Teen's ability to participate below the age of 12 years is determined by medical examination & overall physical condition/ health. QG Medical and Clubs Recreation Dept.'s will treat any info & reports as strictly confidential.

Staff Number	Family Name		First Name
Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)
Email Address (Work)			Office / Home No.
Email Address (Personal)			Mobile No.

Part 2. Medical Declaration. Please tick the box that corresponds to your answers**Have you at any time suffered from any of the following conditions?**

Chest Disease: Tuberculosis, Asthma, Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Disease: Angina, Heart Attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin / other Infectious Diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back / Limb Problems or Injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surgery in the last 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 3. Medical Findings. Please tick the box that corresponds to your answers

BP: _____ mm Hg	Pulse Rate: _____ / min	<input type="checkbox"/> ECG (for > 40 years if applicable)
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Undergone Health Check by Clinic: Passed Failed

Examining Physician: _____ **Date:** _____

Part 4. Disclaimer

Participant of SAHA 2019! If you have/had a medical condition/history, that potentially may affect or impact your health while participating in SAHA, you are advised to seek prior medical advice! If you are prepared to take the risk and responsibility, then you sign and submit this Waiver Certificate to be eligible for joining in the activities. Al Khor Community and Club will NOT accept any responsibility and cannot be held liable for participant's non-compliance!

Signature: _____ **Date:** _____

Family Registration Form



TEAM NAME: _____

Family Member 4

Part 1: Participants Information			
Teen's ability to participate below the age of 12 years is determined by medical examination & overall physical condition/ health. QG Medical and Clubs Recreation Dept.'s will treat any info & reports as strictly confidential.			
Staff Number	Family Name		First Name
Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)
Email Address (Work)			Office / Home No.
Email Address (Personal)			Mobile No.
Part 2. Medical Declaration. Please tick the box that corresponds to your answers			
Have you at any time suffered from any of the following conditions?			
Chest Disease: Tuberculosis, Asthma, Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Heart Disease: Angina, Heart Attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Skin / other Infectious Diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Back / Limb Problems or Injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Surgery in the last 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Part 3. Medical Findings. Please tick the box that corresponds to your answers			
BP: _____ mm Hg	Pulse Rate: _____ / min	<input type="checkbox"/> ECG (for > 40 years if applicable)	
Undergone Health Check by Clinic: Passed <input type="checkbox"/> Failed <input type="checkbox"/>			
Examining Physician: _____			Date: _____
Part 4. Disclaimer			
Participant of SAHA 2019! If you have/had a medical condition/history, that potentially may affect or impact your health while participating in SAHA, you are advised to seek prior medical advice! If you are prepared to take the risk and responsibility, then you sign and submit this Waiver Certificate to be eligible for joining in the activities. Al Khor Community and Club will NOT accept any responsibility and cannot be held liable for participant's non-compliance!			
Signature: _____			Date: _____

