EWP Exercise Class
Registration Form
Spring Session 2019

Name _______________________________ Date ______________________

Department / Unit ________________________________________________

Campus Address __________________________________________________

E-mail Address _____________________________________________________

Campus Phone ______________________________

Spring Session 2019: January 22 – May 17 (16 weeks)

Please select one of the following Exercise Class sections:

- Section 1  Open Exercise Session    Mon - Thur  11:45a – 2:15p
- Section 2  Open Exercise Session    Mon - Thur  5:00p - 6:45p
  Open Workout Hours     Friday    11:45a - 1:45p
  Open Lap Swim          Mon - Fri  12:00p - 1:00p

- All Members         Class Fee: $ 85.00
  Please include the following with your EWP Registration Form:
  Check for $85.00 made payable to Employee Wellness Program ASC

  If you are a new member, please include the following with your EWP Registration Form:
  Exercise Risk Assessment Form and Informed Consent Form
  Medical Clearance Form (only if required, you will be notified)
  Check for $85.00 made payable to Employee Wellness Program ASC

- For New Members: Check here if you were “recruited” by an EWP member
  Please list the name of the EWP member who “recruited” you: _______________________________________

The Class Fee includes 16 weeks of class sessions and allows participants to use the Lifespan Wellness Center during Open Workout Hours and in any “open” exercise class section (where less than 30 participants are signed in). You are also free to participate in Open Lap Swimming (Monday-Friday, 12:00-1:00pm).

Please send all forms and check by campus mail to: Employee Wellness Program KHS-121