EMPLOYEE WELLNESS PROGRAM
Department of Kinesiology
(657) 278-4404 / Fax (657) 278-5317
http://hhd.fullerton.edu/ewp

EWP Exercise Class
Registration Form
Fall Session 2019

Name __________________________________________ Date ______________________
Department / Unit _______________________________________________________
Campus Address _________________________________________________________
E-mail Address ___________________________________________________________
Campus Phone ___________________________

Fall Session 2019: October 21 – December 20 (8 weeks)

Please select one of the following Exercise Class sections:

- Section 1  Open Exercise Session  Mon- Thurs  11:45a – 2:15p
- Section 2  Open Exercise Session  Mon- Thurs  5:00p - 6:45p
  Open Workout Hours  Friday  11:45a - 1:45p

- Member Fee  Class Fee: $40.00
  Please include the following with your EWP Registration Form:
  Exercise Risk Assessment Form and Informed Consent Form (new member only)
  Medical Clearance Form (only if required, you will be notified)
  Check for $40.00 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 8 weeks of class sessions and allows participants to use the Lifespan Wellness Center during Open Workout Hours and in any “open” exercise class section.

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