

Fitness Basic & Fitness Challenge

Healthy Columbus Fitness Programming

Quarter 2 2012 classes begin the week of April 2nd and end the week of June 4th..

The Fitness Basic and Fitness Challenge classes are taught by Dimitrious Stanley and his staff of personal trainers. Dimitrious is a former Ohio State and Miami Dolphins Wide Receiver and currently owns Source Fitness.

Fitness Basic:

This 12-week class is just right for people who have just started to be active or who want to get active. The class content will vary each week but will all include low-to-medium impact activities, stretches and light weights. Each class is officially 30 minutes long, but participants will have the option to stay for an additional 15 minutes. All participants should bring a water bottle to class.

Fitness Challenge:

This 12-week class is appropriate for seasoned fitness fanatics. Classes will feature **high-impact cardio, significant work with free weights, body weights, resistance bands and stretching.** Classes are 45 minutes long and offered in the early evening- **you will break a sweat!** Participants are strongly encouraged to bring a towel and a water bottle.

Fitness Basic Classes:

(Participants may choose to stay for an additional 15 minutes)

Monday:

Fire Training Academy, 11:30-12:00 3639 Parsons Ave.

Tuesday:

Technology (1111 E. Broad), 11:30-12:00.

Beacon Building 50 W. Gay St., 11:30-12:00.

Thursday:

Columbus Public Health (240 Parsons Ave) Fitness Room, 11:30-12:00.

Fitness Challenge Classes:

Tuesday:

Columbus Public Health, 5:30-6:15- Auditorium. Free Parking

To Register:

1. Print the attached registration form.
2. Complete the form, checking the box for the class of your choice. You may only register for one class.
3. The registration period for Q2 2012 is from 2/27/12- 3/23/12. Registrations will not be accepted after this time.
4. Fax your registration to 645-8022.

HEALTHY COLUMBUS FITNESS BASIC/CHALLENGE REGISTRATION

Classes are filled on a first come, first serve basis.

EMPLOYEE INFORMATION (Required) Please print.

LAST: _____ FIRST NAME: _____ MIDDLE INT: _____
 DEPARTMENT: _____ DIVISION: _____ SECTION: _____
 WORK PHONE: _____ WORK EMAIL: _____

A confirmation letter received via email completes registration. Fax your completed registration form to 614-645-8022. Call 645-0988 with questions. Registration is on a first come, first served basis.

Quarter 1 2012 classes begin the week of April 2nd and end the week of June 4th.

REGISTRATION GUIDELINES:

1. You may only attend the class that you are registered for.
2. The registration period begins 2/27/12 and ends 3/23/12. **Registrations will not be accepted after this time.**
2. Choose the class you would like to enroll in by marking a 1 or 2 in the choice box. If your first choice is full, you will be enrolled in your second choice. You may only enroll in one class.
4. You will receive a confirmation email when you are enrolled.

EMPLOYEE INFORMATION (Required) Please print.

Choice	#	Title	Course Start Date/Time		
	9105	Fitness Basic - Fire	4/2/12 (10 weeks)	11:30am – 12:15pm	Gym
	9107	Fitness Basic - 1111 E Broad	4/3/12 (10 weeks)	11:30am – 12:15pm	Continental/Gold room
	9108	Fitness Basic - Beacon	4/3/12 (10 weeks)	11:30am – 12:15pm	Basement
	9110	Fitness Basic - Health	4/5/12 (10 weeks)	11:30am – 12:15pm	Fitness Room
	9113	Fitness Challenge - Health	4/3/12 (10 weeks)	05:30pm– 06:15 pm	Auditorium- 2 nd floor

Supervisor Signature: _____ Supervisor Phone _____ Supervisor FAX _____

AUTHORIZATION: Supervisor’s signature indicates knowledge that registration form will be submitted to CTDC for processing.

Waiver of Workers’ Compensation Benefits for Recreational or Fitness Activities

Complete this form to waive worker’s compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs. In the space provided, list all employer-sponsored recreational activities or fitness programs for which the employee wishes to waive Workers’ compensation coverage. Make a line through any blank spaces. The employee must sign and date this form to acknowledge agreement. The employer shall retain the original for his or her files and provide a copy to the employee. The employee should submit a copy to BVC only when an employee files a claim for an injury or occupational disease sustained in the employer-sponsored recreational activities or fitness programs. For further information, call 1--800-OHIOBWC. (1-800-644-6292)

Employee name (Please Print or type)	Date
Employer Name City of Columbus	Risk Number: N/A

Pursuant to Section 4213.01©(#) OF THE Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4213 of the ORC. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fines program which is not listed, the employee may be eligible for compensation benefits.

Recreational activities/Fitness programs Fitness Basic/Challenge Program Q2 2012

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers’ compensation benefits under Chapter 4213 f the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not bar any workers’ compensation claim filed for death benefits by the employee’s dependents.

Employee signature

Date Signed

BWC-1286 (12/29/1997)
C-159 (previously OIC-0161)

