Fitness Basic & Fitness Challenge

Quarter 1, 2013 classes begin the week of January 14th and end the week of March 25th.

Fitness Basic:

Classes low-to-medium impact activities, stretches and light weights. Each class is 30 minutes long, but participants will have the option to stay for an additional 15 minutes. Bring a water bottle.

Fitness Challenge:

Classes feature high-impact cardio, significant work with body and free weights, and stretching. You will break a sweat! Bring a towel and a water bottle to class.

Here's what City employees are saying:

"The fitness classes have been a great way to get back into shape after taking a long time off, especially since they are in City locations and FREE!"

"I was hesitant to participate because I wasn't sure it would be challenging enough. I definitely feel challenged as our instructor modifies the class to meet the individual needs of the students. This program will benefit anyone, regardless of their current fitness level."

Fitness Basic:

You may choose to stay for an additional 15 minutes

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

Tuesday:
Jerry Hammond Center, 1111 E. Broad St. 11:30-12:00
Beacon Building, 50 W. Gay St. 11:30-12:00

Thursday:
Columbus Public Health, 240 Parsons Ave. 11:30-12:00

Fitness Challenge:

Tuesday:
Columbus Public Health, 5:30-6:15

REGISTRATION GUIDELINES

1. You may only attend the class(es) that you are registered for.
2. Mark a "1" or "2" to indicate first and second preference (if you wish to participate in one class, mark your choice with a "1").
3. You will be enrolled in your second choice during the week of 1/71/3 if there is room. You will receive a separate confirmation email for that class.
4. You may register for 2 yoga and 2 fitness classes, Fitness and 2 Zumba classes. Call 645-0988 with questions.

healthy COLUMBUS
CITY EMPLOYEE WELLNESS PROGRAM

THE CITY OF COLUMBUS
MICHAEL B. COLEMAN, MAYOR
DEPARTMENT OF HUMAN RESOURCES

UnitedHealthcare

Q1 2013 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: _____

Required to complete registration

A confirmation letter received via email completes registration. **Fax your completed registration form to 614-645-8022.** Call 645-0988 with questions.

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EMPLOYEE INFORMATION (Required) Please print.

Choice	#	Title	Course Start Date/Time		
	9105	Fitness Basic - Fire	1/14/13 (11 weeks)	11:30am – 12:15pm	Gym
	9107	Fitness Basic - 1111 E Broad	1/15/13 (11 weeks)	11:30am – 12:15pm	Automated Room
	9108	Fitness Basic - Beacon	1/15/13 (11 weeks)	11:30am – 12:15pm	Basement
	9110	Fitness Basic - Health	1/17/13 (11 weeks)	11:30am – 12:15pm	Fitness Room
	9113	**Fitness Challenge - Health**	1/14/13 (11 weeks)	05:30pm– 06:15 pm	Auditorium- 2nd floor

Supervisor Signature:_____ **Supervisor Phone**_____

AUTHORIZATION: Supervisor's signature indicates knowledge that registration form will be submitted to CTDCE for processing. Signature is not required for evening classes.

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 4123 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 Q1 2013**

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)

healthy COLUMBUS — THE CITY OF COLUMBUS, MICHAEL B. COLEMAN, MAYOR — DEPARTMENT OF HUMAN RESOURCES — UnitedHealthcare