Healthy Columbus presents

ZUMBA® FITNESS

Zumba is a fitness program that combines Latin music and easy-to-follow dance moves. Its routines incorporate interval training, alternating fast and low rhythms and resistance training which is intended to sculpt and tone the body while burning fat. Zumba fans say it's so popular because it's a fun way to work out.

Zumba Classes for City Employees:

Mondays:

757 Carolyn Ave: 4:45-5:45

Wednesdays:

910 Dublin Rd: 4:45-5:45
Columbus Public Health: 5:00-6:00

Thursdays:

COAAA: 5:30-6:30
Beacon Building: 5:15-6:15

All classes are free for City of Columbus employees and taught by certified Zumba instructors.

Quarter 4 2012 classes begin the week of September 17 and end the week of November 19, 2012.

Check out what Zumba did for City employee Amber Jones!

... My desire to lead a healthier life grew stronger by the day. I became a Zumba Instructor (I love to dance), and through exercise, proper water intake and healthier eating, I began to shed those unwanted pounds. I never went on a "diet" or took a diet pill. I truly made a **LIFE-STYLE CHANGE!!** Life is too short, and we only have one temple!

Read Amber's story at http://hr.columbus.gov/healthycolumbus/Content.aspx?id=39337

Registration Guidelines

1. You may only attend the class(es) that you are registered for.
2. You may enroll in up to 2 classes by marking a "1" or "2" next to the class of your choice to indicate first and second preference (if you wish to participate in two classes).
3. You will be enrolled in your second choice during the week of 9/10 if there is room. You will receive a separate confirmation email for that class.
4. You may register for a total of 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

Q4 2012 HEALTHY COLUMBUS ZUMBA REGISTRATION

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

EMPLOYEE INFORMATION (Required) Please print.

LAST: _____ FIRST NAME: _____ MIDDLE INT: _____

DEPARTMENT: _____ DIVISION: _____ SECTION: _____

WORK PHONE: _____ WORK EMAIL: _____

Email is required to process registration

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

REGISTRATION GUIDELINES:

1. You may only attend the class(es) that you are registered for.
2. You may enroll in up to 2 classes by marking a "1" or "2" next to the class of your choice to indicate first and second preference (if you wish to participate in two classes).
3. You will be enrolled in your second choice during the week of 9/10 if there is room and you will receive a separate confirmation email for that class.
4.. You may register for 2 yoga, 2 Fitness classes, and 2 Zumba classes

You may register for 2 yoga, 2 fitness classes and 2 Zumba classes. Call 645-0988 with questions.

EMPLOYEE INFORMATION (Required) Please print.

Choice #	Title	Course Start Date / Time		
	Zumba	9/17/12 (10 weeks)	4:45pm – 5:45pm	757 Carolyn Ave.- Hearing Rm.
	Zumba	9/19/12 (10 weeks)	4:45pm – 5:45pm	910 Dublin Rd. - Room A/B
	Zumba	9/19/12 (10 weeks)	5:00pm – 6:00pm	240 Parson Ave. - Auditorium
	Zumba	9/20/12 (10 weeks)	5:30pm – 6:30pm	174 E. Long St. Training Rm.
	Zumba	9/20/12 (10 weeks)	5:15pm–06:15 pm	Beacon Building- Basement

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 **Zumba Q4 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)

healthy COLUMBUS

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

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