



The Wellness Program

WEST VIRGINIA UNIVERSITY HOSPITALS
WVU HEALTH SCIENCES
UNIVERSITY HEALTH ASSOCIATES

Class Registration Form Please Complete All Forms & Return to Us

Date: ____/____/____

Name: _____ Date of Birth: ____/____/____

Dept: _____ Dept. Phone: _____

PO Box: _____ Email: _____

Class Name: _____

Employer: UHA WVUH WVU @ Health Sciences

WVU (not at Health Sciences) Community Member

Family Member of: _____
Please indicate **employee's** name

Please make all checks payable to: WVU Hospitals

Complete the Employee Wellness Points form to the right and send or fax to:

The Wellness Program
PO Box 9146
Morgantown, WV 26506

Phone: 304-293-2520
Fax: 304-293-3725

Email: wellnessprogram@hsc.wvu.edu



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WEST VIRGINIA UNIVERSITY HOSPITALS
WVU HEALTH SCIENCES
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Employee Wellness Points Form

WVUH, UHA, and WVU @ HSC Employees

Wellness Points benefit the employee listed below and are to be used as dollars (on a one-to-one ratio). The employee pays the first \$3 of a program (unless otherwise noted); Wellness Points then will cover the difference. Annually, employees have the opportunity to gain additional Wellness Points by completing this form. Wellness Points may accumulate up to a maximum of 100 and prorated throughout the year. Unless otherwise noted, Wellness Points are non-transferable to other individuals.

An employee receives 25 Wellness Points for each "yes" answer (50 points possible). Each point is equal to \$1.

Points are pro-rated

January 1 – June 30 50 points

July 1 – December 31 25 points

Employer: (Please Check One)

WVUH (Ruby) WVU @ HSC UHA

Do you avoid all forms of tobacco? Yes No

If no, would you like information on begin tobacco free? Yes No

Do you wear your seat belt at all times or helmet if riding a motorcycle?
 Yes No

Please Print

First Name: _____ Last Name: _____

Last 4 Digits SSN: _____ or DOB: ____/____/____ Gender: M F

Department: _____ PO Box: _____

Work Phone: _____ Email: _____

Signature: _____ Date: _____

Class Waiver Form – Winter/Spring 2010

I recognize that The Wellness Program on the Health Sciences Campus is a voluntary program available to me as an employee of West Virginia University Hospitals (WVUH) West Virginia University at the Health Sciences (WVU@HSC) and University Health Associates (UHA) or as a Community Member.

I understand that it is a voluntary program, which may involve strenuous physical activity. I further recognize that any injuries that I may sustain **are not** the responsibility of The Wellness Program or WVUH/WVU@HSC/UHA, and that The Wellness Program is not part of any of my job responsibilities so that any injury I may experience is not a job-related injury. I assume the risks for any injury that may occur to me while participating in this program.

Please check the class or classes you will be attending this semester:

Pilates Power Pump Yoga Zumba

Name (print): _____ Date: ____/____/____

Signature: _____

Dept: _____

Employer: Employer: UHA WVUH WVU @ Health Sciences

WVU (not at Health Sciences) Community Member

Family Member of: _____
Please indicate **employee's** name

Office Use Only: WP Staff _____ Date: _____

Authorization for Photographs and Publications

I, _____ authorize The Wellness
Please Print Name

Program located on the WVU Health Sciences Campus to

photograph or videotape me and to use such photographs or

videotapes in publicizing the work and activities of The Wellness

Program. This authorization shall expire three years from the date

indicated below. This authorization may be revoked at any time

after it is signed.

Date: ____/____/____

Signature: _____

Authorized use of photography or recording:

News Media

Newsletters

Internet/Intranet

Office Use Only: WP Staff _____ Date: _____