

Wellness Program Participation Sign Up Form

Please fill out this form to register for the Wellness Program. This form can be printed and completed by hand.

1. Participant Information

First Name:

Last Name:

Employee ID (if applicable):

Department:

Email Address:

Phone Number:

Date of Birth (MM/DD/YYYY):

2. Emergency Contact Information

Emergency Contact Name:

Relationship:

Emergency Contact Phone:

3. Wellness Program Selection

Please write "YES" next to the programs you would like to join:

Fitness and Weight Management Challenge:

Nutrition and Healthy Eating Seminars:

Mental Health and Mindfulness Workshops:

Smoking Cessation Support:

4. Personal Goals

What are your primary health and wellness goals?

5. Acknowledgment and Signature

By signing below, I acknowledge that I am voluntarily participating in the Wellness Program and understand that I should consult with a physician before starting any new physical activity program.

Signature:

Date (MM/DD/YYYY):