

STAFF USE ONLY:

Received:

Date: _____

Time: _____

SOUTHEAST GEORGIA HEALTH SYSTEM
WELLNESS WARRIORS REGISTRATION AND PAYROLL DEDUCTION FORM

PLEASE PRINT:

NAME: _____ AGE: _____

DEPARTMENT: _____ TEAM MEMBER # _____

PHONE: _____

RELEVANT MEDICAL HISTORY: _____

EMAIL: _____

I WOULD LIKE TO ATTEND *WELLNESS WARRIORS* AT THE FOLLOWING CAMPUS:

BRUNSWICK CAMDEN

The *Wellness Warriors* program will take place:

BRUNSWICK: From 5:00 pm to 5:45 pm on Tuesdays evenings from September 14 to November 16, 2021
Location: Kemble Conference Room

CAMDEN: From 5:00 pm to 5:45 pm on Wednesday evenings from September 15 to November 17, 2021
Location: Conference Center A and B

This contract is for an onsite weight management ten-week program. By signing-up for this program, you are authorizing a payroll deduction of \$7.00 per pay period for three consecutive pay periods (a total of \$21.00 for the ten-week program). After this program is completed, prior to attending additional *Wellness Warrior* programs, each team member will be required to sign a new registration and payroll deduction form.

This *Wellness Warriors* program is limited to 20 people at each location. Should more than 20 people register, only the first 20 registration forms received will be able to participate. Reserve your spot soon!

SIGNATURE: _____ DATE: _____

Please email completed forms to diabeteseducation@sghs.org or send through Interdepartmental Mail to Diabetes Education.