



**24th Annual
Walk 100 Miles in 100 Days[®]
April 16 – July 24, 2018
WVU Medicine
West Virginia University
Employee Registration**

Join us in our 24th Annual Walk 100 Miles in 100 Days[®] program! Although we state that each member walks at least one mile per day for 100 days, there is no limit as to how many can be reported per day. Other forms of equivalent aerobic exercise also count (scale of 20 minutes = one mile). Last year we had **212** teams with nearly **4,000** employees and family members participating and walking a total of 639,192 miles!

Participation is easy by following these steps:

1. Assemble a team of a minimum of 5 members. Designate a team captain. Adding and dropping members is not permitted after the 3rd week of the program unless medically necessary. Miles are tracked on a Monday-Sunday schedule. Team members will report their miles walked to their team captain. The team captain will be responsible for entering weekly miles in the Walk 100 Miles in 100 Days[®] tracking system and after program team member t-shirt distribution.
2. Team captains: Please return individual registration forms, team registration form and payments to The Wellness Center before the start of the program. Please make all checks payable to: **WVU Medicine**

| | | |
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| <u>Mailing Address</u> WVU Medicine J.W. Ruby Memorial Hospital The Wellness Center One Medical Center Drive Morgantown, WV 26506 | <u>Drop Off Location</u> The Wellness Center Health Sciences Center South 8 th Floor, Room 8722 | <u>Campus Mail</u> The Wellness Center PO Box 9146 |
|---|--|---|
3. The Wellness Center will enter teams in the Walk 100 Miles in 100 Days[®] tracking system. The team captain will receive an email notification that their team has been registered along with access instructions to the tracking system. Any team member who has not paid will be added after payment has been received. Once added, The Wellness Center will notify the team captain the member(s) have been added.
4. The team captain will be responsible for verifying correct t-shirt sizes and spelling of team member name. Please notify The Wellness Center with any discrepancies as soon as possible. Only team members who have paid will appear on the team roster.
5. Team miles will be posted weekly on The Wellness Center website (www.wvumedicine.org/thewellnesscenter) for viewing.

Registration deadline is Friday, April 13th. There will be a fee of \$3 +7 Wellness points for ALL Employees & *Eligible family members.

***Eligible family members include:** spouse and/or dependent children who reside with the employee, covered by the employee's health plan, or claimed on the employee's taxes. Those who do not meet the Eligible Family Members description are asked to pay the **\$10.00**



One Medical Center Drive- PO Box 9146-Morgantown, WV 26506
Web address: www.wvumedicine.org/thewellnesscenter
Email: wellnesscenter@hsc.wvu.edu
Phone: 304-293-2520/Fax: 304-293-3725

INDIVIDUAL REGISTRATION FORMS – PLEASE MAKE ADDITIONAL COPIES AS NEEDED

Employee Registration - Walk 100 Miles in 100 Days®

Team Name: _____

Name (Please Print): _____

Employer: WVU Medicine WVU Downtown WVU Evansdale WVU HSC

Date of Birth: ____/____/____ Last 4 of SSN#: _____

Dept: _____ PO Box or Address: _____

Did you participate last year? Yes No How many miles did you complete? _____

Was this more exercise than you were doing prior to the program? Yes No

Employee Wellness Points – Each “yes” answer = 25 Wellness Points

T-shirt Fee: \$3 +7 Wellness Points for employees, spouse, & dependent children only. All others \$10.

Do you avoid all forms of tobacco? Yes No

Please indicate your t-shirt size: S M L XL 2X 3X 4X

Do you exercise at least 150 min/week? Yes No

Please make checks payable to: WVU Medicine

Program Participation Waiver: I recognize that The Wellness Center of the WVU Medicine Campus is a voluntary program available to me as an employee of WVU Medicine and WVU. I understand that the Walk 100 Miles in 100 Days® program is voluntary which may involve strenuous physical activity. I further recognize that any injury I may sustain is not the responsibility of The Wellness Center, WVU Medicine, or WVU. In addition, The Wellness Center is not included in any of my job responsibilities; therefore, any injury I may experience is not a job-related injury. I assume the risks for any injuries that I may sustain while participating in this program.

Signature: _____ Date: _____

Family Member/Relative/Friend Registration - Walk 100 Miles in 100 Days®

Team Name: _____

Name (Please Print): _____

Employee’s Name: _____

Date of Birth: ____/____/____ (for database identification)

Relationship to Employee: Spouse Child Mother Father Other Relative Friend

T-shirt Fee: Employee’s, spouse, & dependent children only are permitted to use the employee’s Wellness Points. All others \$10.

Please indicate your t-shirt size: S M L XL 2X 3X 4X

Please make checks payable to: WVU Medicine

Program Participation Waiver: I recognize that The Wellness Center of the WVU Medicine Campus is a voluntary program available to me as an employee of WVU Medicine and WVU. I understand that the Walk 100 Miles in 100 Days® program is voluntary which may involve strenuous physical activity. I further recognize that any injury I may sustain is not the responsibility of The Wellness Center, WVU Medicine, or WVU. In addition, The Wellness Center is not included in any of my job responsibilities; therefore, any injury I may experience is not a job-related injury. I assume the risks for any injuries that I may sustain while participating in this program.

Signature: _____ Date: _____



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Web Address: www.wvumedicine.org/thewellnesscenter
Email: wellnesscenter@hsc.wvu.edu
Phone: 304-293-2520/Fax: 304-293-3725

TEAM REGISTRATION FORM

Team Name : _____ Team Captain Name: _____

Department: _____

DAY PHONE: _____

Work Email Address of Team Captain: _____

Department Address: _____

Please indicate location:

- Berkeley Medical Center
 Camden Clark Medical Center
 Garrett Regional Medical Center
 Jefferson Medical Center
 Potomac Valley Hospital
 Reynolds Memorial Hospital
 Ruby Memorial Hospital
 St. Joseph's Hospital
 United Hospital Center
 Wetzel County Hospital

| | LAST Name | FIRST Name | Last 4 digits of SSN# or Birth date (Used for tracking purposes only) | T-shirt Size | Please check if - Dependent, Spouse, or Other* Other (friends, other family members, etc.) Fees: Employee, Spouse, & Dependent(s) \$3 +7 Wellness Points. Other \$10 Checks payable to: WVU Medicine |
|----|-----------|------------|---|--|---|
| 1 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 2 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 3 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
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| 10 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 11 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 12 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 13 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 14 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 15 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 16 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 17 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
| 18 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |
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| 20 | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X | <input type="checkbox"/> Dep. <input type="checkbox"/> Spouse \$3 +7 points <input type="checkbox"/> Other \$10.00 |

PLEASE SUBMIT THIS FORM TO: THE WELLNESS CENTER NO LATER THAN APRIL 13th

Return registration forms & payments to: WVU Medicine - The Wellness Center J.W. Ruby Memorial Hospital One Medical Center Drive, Morgantown, WV 26506

Campus Mail: PO Box 9146 Main Office: Room 8722, 8th Floor Health Sciences

Only Participants reaching the 100 or 100+ miles goal & who have registered & paid \$3 +7 wellness points or paid \$10.00 will receive a commemorative t-shirt

Weekly mileage tracking forms are available on our website: www.wvumedicine.org/thewellnesscenter

