

In-School Walking Program 2011 - 2012

Join the 555+ people who registered during 2010/11 program!

WELCOME

EverGreen Elementary School

739 Easton Turnpike Lake Ariel, Pennsylvania 18436

Other Participating schools are:

Damascus Elementary - Damascus PA

Forest City Regional School - Forest City PA

Lakeside Elementary - Honesdale PA

Preston Elementary - Lakewood PA

RD Wilson Elementary - Waymart PA

Western Wayne Middle/High School - Lake Ariel PA

Wallenpaupack Area High School - Hawley PA

Wallenpaupack South - Newfoundland PA

From September 6, 2011 until May 24, 2012 participating schools will be open from 6 p.m. to 8 p.m. Monday through Thursday for members of the Wayne Memorial In-School Walking Program. If schools are closed for any reason, walking is canceled as well. Registration is required, and there is a one time \$5 charge for ID badges (re-usable from year to year). For more information and registration, call 570-253-8990.



**WAYNE MEMORIAL
HOSPITAL**

An Affiliate of Wayne Memorial Health System, Inc.



WAYNE MEMORIAL
HOSPITAL

In-School Walking Program 2011/12

Dear Walkers:

If this is your first time registering for this program, welcome! If you are an experienced walker with the program, we are glad you are back! Wayne Memorial Hospital, in partnership with Forest City Regional, Wallenpaupack Area, Wayne Highlands and Western Wayne School Districts, is beginning their eighth year of the In-School Walking Program.

This year the program begins Tuesday, September 6, 2011 and ends May 24, 2012. The school hallways are open for walkers **Monday through Thursday, from 6:00p.m. -- 8:00p.m.** Because the In-School Walking Program follows the school calendar, if school is not in session for any reason, the hallways will not be open for walking.

Please complete the enclosed questionnaire and sign the Waiver of Liability (even if you have completed them in the past). If you registered last year and have already been issued a "2011" sticker you will not require an additional sticker, however please complete the forms and return them to us. If you do not have a badge, enclose a check or money order payable to Wayne Memorial Hospital in the amount of \$5.00. Return the forms to Wayne Memorial Hospital, Community Relations Department, 601 Park Street, Honesdale, PA 18431 or fax to (570) 253-8993. A new badge with a "2011" sticker will be mailed to you.

For school security purposes, you must log in and wear your identification badge with a "11" sticker while walking at the school. The badge entitles you to walk in any participating school. The badge may be reused for as long as you are in the In-School Walking Program.

Each school site will have a Wayne Memorial In-School Walking Program Logbook. **It is very important that you log in and out each time you visit the school.**

We hope you enjoy the time you spend walking the halls of the local schools. If you have any questions, comments or suggestions on how the Wayne Memorial In-School Walking Program can better serve you and the community, please contact Donna or Jean at the Wayne Memorial Hospital's Community Health Department @ (570) 253-8990.

Sincerely,

Donna Decker, RN
Community Health Manager
Enclosed: In-School Walking Program Data Questionnaire
Waiver of Liability

Wayne Memorial In-School Walking Program 11/12 Data Questionnaire

Please answer all questions. Your responses will be confidential.

Date: _____ / _____ / _____

Name: Mr., Mrs. or Ms _____

Date of Birth _____ / _____ / _____ Phone Number: _____

Address: _____

Town/City: _____ Zip Code: _____

Is this the first time you enrolled in the Wayne Memorial In-School Walking Program?
Y N

Do you need a badge? ___ \$5.00 Fee for badge (if you do not already have one)
Y N

Goals

Which of the following general goals best captures you own fitness goals?

- | | |
|---|--|
| <input type="checkbox"/> General Toning | <input type="checkbox"/> Cardiovascular Conditioning |
| <input type="checkbox"/> Weight Reduction | <input type="checkbox"/> Daily Exercise |

Wayne Memorial Hospital will offer a variety of workshops throughout the In-School Walking Program. Are there any specific topics that are of particular interest to you?

Which school(s) will you be using? Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Lakeside Elementary School | <input type="checkbox"/> Preston Elementary School |
| <input type="checkbox"/> Wallenpaupack - Newfoundland | <input type="checkbox"/> Wallenpaupack High School |
| <input type="checkbox"/> R.D. Wilson Elementary School | <input type="checkbox"/> Damascus Elementary School |
| <input type="checkbox"/> Western Wayne Middle/High School | <input type="checkbox"/> Forest City Regional School |
| <input type="checkbox"/> EverGreen Elementary School | |

Revised 8/19/11

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WAIVER OF LIABILITY

I, _____, (print name) have voluntarily enrolled in the Wayne Memorial In-School Walking Program. As a component of the Wayne Memorial In-School Walking Program, Wayne Memorial offers a variety of workshops relating to physical health. Hereafter, the Wayne Memorial In-School Walking Program and the various workshops shall be referred to as the Wayne Memorial In-School Walking Program.

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in the Wayne Memorial In-School Walking Program or that I have obtained the approval of my physician to participate in the Wayne Memorial In-School Walking Program.

In consideration of my participation in the Wayne Memorial In-School Walking Program, I, _____, (print name) for myself, my heirs and assigns, hereby release Wayne Memorial Hospital, its employees and owners AND Forest City Regional School District, Wallenpaupack Area School District, Wayne Highlands School District and Western Wayne School District from any claims, demands and cause of action arising from my participation in the Wayne Memorial In-School Walking Program. I fully understand that I may injure myself as a result of my participation in the Wayne Memorial In-School Walking Program and I, _____, (print name) hereby release Wayne Memorial Hospital AND Forest City Regional School District, Wallenpaupack Area School District, Wayne Highlands School District and Western Wayne School District from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury however caused by occurring during or after any of my participation in the Wayne Memorial Hospital In-School Walking Program.

I hereby affirm that I have fully read and understand the above and by my signature I acknowledge my awareness of the risks associated with the Wayne Memorial Hospital In-School Walking Program and my choice to participate therein.

DATE

SIGNATURE

Signature of Parent (if under 18 years of age)

*Signature of parent or guardian required if applicant is under 18 years of age.

Revised 7/13/09

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