

Wellness Program Off-Campus Exercise/Class Log



Please use this form to document your off-campus exercise or class activity.

- **EXERCISE:** You must participate in a minimum of **150** minutes of activity (ie. weight training, aerobic) per week for at least six consecutive weeks to earn Wellpoints. A separate, validated form **must** be submitted each week to the Student Life Office by **Tuesday** of the following week for the previous completed week. Failure to submit the weekly activity form each week will void all progress and will result in having to restart the six consecutive week program again. 300 Wellpoints will be awarded upon proper completion of the program – **NO Partial Wellpoints will be given.**
- **CLASS:** Wellpoints will be awarded at the rate of 25 Wellpoints per 60 minute yoga, self-defense or Tai Chi class for a maximum of 300 Wellpoints. A separate, validated form **must** be submitted each week to the Student Life Office by **Tuesday** of the following week for any classes completed the previous week. Failure to submit the weekly class form each week will void Wellpoints for that respective week.
- **EXERCISE or CLASS:** Participation in each activity **must** be validated by the manager of the facility by completing this form and attaching the manager's business card each week, forms without business cards attached **will not be accepted.**

WEEK # _____

Day	Mins.	Activity	Exercise	Class	Validating Signature (Manager)
9/7	60	Aerobics (example)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>John Doe</i>
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
					TOTAL EXERCISE MINUTES: _____
					TOTAL CLASS MINUTES: _____

Contact Information:

Participant Name (please print): _____ SCF email: _____

Name of Facility: _____ Manager Name (please print): _____

Manager Phone: _____ Manager email: _____

I hereby certify that the above named participant completed the activities listed:

Participant Signature

Manager Signature